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ORIGINAL COMMUNICATIONS.

Fragments from the note-book of an office pupil of the late Dr. George M'Clellan, *containing cases and clinical remarks.**

May 12th, 1843. *Calomel—effects of large doses.*—Dr. M'Clellan in referring to-day to the effects of large doses of calomel upon the system, mentioned some experiments which were made upon dogs in India by Annesley. He gave ʒj. or more of calomel to one dog, and a few grains of the same to another, and killed them both after a certain number of hours. After repeating these experiments, he invariably found that the large doses had the effect of blanching the gastric mucous membrane, contracting the intestinal exhalents, stimulating greatly the liver, and apparently of forming with the intestinal mucus, a thick saponaceous compound; while the examination of the animals treated with the small doses, developed only the engorgement of the mucous membranes which is usual after death.

*The manuscript book from which these fragments are extracted was only preserved for its writer's own use, but the Editor has thought that records, however slight, of the views and practice of so eminent a man, would not be unacceptable to the readers of the Examiner.

In remarking upon these experiments, Dr. M'Clellan said that he thought the happiest effects had resulted from doses of calomel ranging from 20 to 60 grains, in many cases where smaller quantities were usually given, as in certain forms of gastric irritation inflammation and congestion, congestive hepatic disorder, dysentery, and the symptomatic affections of the abdominal viscera, accompanied by foul watery evacuations which frequently occur after bad wounds. Such doses generally cause only one or two evacuations, which are often more consistent than those which preceded them, stimulate largely the liver, correct the disposition to diseased exhalation, and, in general gastro-intestinal affections, often put a stop at once to vomiting and purging. He has seldom seen large doses of calomel productive of any but a pleasant effect when given in a state of system accompanied by dry skin, and generally defective secretions, and is always careful to diminish or discontinue the doses upon the re-establishment of these.

He has sometimes found that the long-continued action of calomel even in small doses, when it did not produce salivation, caused very disagreeable consequences, among the most troublesome of which was *amaurosis*, which he has occasionally seen to be produced. Mercurials given with the effect of causing slight ptyalism, he never found to give rise to such or any other unfortunate results.

Nitrate of Silver.—This powerful escharotic has a most delightfully mild and tranquillising effect upon the mucous membranes, and is an invaluable remedy for inflammation or irritation of those tissues. Its effects in sore throat and ophthalmia have long been known. In the latter disease it deadens the irritability, blanches the mucous membrane, contracts the vessels, and sometimes in the most painful, strumous ophthalmia, with intolerance of light, after one or two applications, enables the child to bear the full glare of the sun. He generally has it dropped into the eye in the proportions of from gr. j. to gr. iij. to a f.ʒj of water, or else applies to the surface, moistened bibulous paper, previously smeared over a stick of caustic, or where granulations exist, applies the solid nitrate itself. He has found the sedative and counter-irritatant ef-

ects of the caustic freely applied to the *outside* of the lids, to assist very much in the treatment of scrofulous ophthalmia with great photophobia, as well as in the severe inflammations occurring in adults.

Dr. M'Clellan has found this remedy serviceable in allaying irritation and inflammation of other organs. He administered it in the only real case of idiopathic gastritis he ever saw, where the patient could retain absolutely nothing upon her stomach, and was afflicted with the most obstinate and constant singultus-like vomiting. After all ordinary means had failed, he gave the nitrate of silver in doses of $\frac{1}{4}$ grain, repeated as often as they were ejected. After a few hours the vomiting ceased, and she was soon, with that and other treatment, enabled to retain any kind of nourishment.

Dr. M'Clellan also finds this remedy invaluable in erysipelas; not only to set up a circumscribing barrier, but to deaden the irritability of the part, and reduce the inflammation, smearing it lightly over the skin, so as not more than to blacken it. It lessens irritability of the skin generally, can often be applied with great benefit over parts affected with *dermalgia* and *neuralgia*, and has also a delightful effect in removing the irritability of *corns* when painful. Blistering the surface with caustic over the course of a nerve affected with neuralgia, has frequently acted like a charm in his hands.

June 19th, 1843. *Cataract commencing.*—A young man presented himself, who has had within the last few months, an increasing dimness of sight; but which, as yet, by no means amounts to a total loss of vision. There are slight milky opacities in both his lenses, and he has rather an undue determination of blood to the eyes; iris and conjunctiva too highly colored.

The Dr. thought, that as it was only the commencing stage, it would be possible to make it disappear by the use of cathartics and slight alteratives. He therefore gave:

℞. Ext. colocynth. compos. ʒj.
Hydrarg. chlorid. mit. ʒss.
Ant. et Potass. Tart. gr. ij.
M. et divid. in pill xxx.

3 pills to be taken every 3d night.

He believes that it is often possible to stop the progress of cataract in young people, but seldom or never *in old.*

Diseases of the Prostate Gland.—Inflammatory enlargement of the prostate rarely occurs but in young men, and is then generally owing to irritation from gonorrhœa or similar causes. In this disease, a burning pain is felt in the part, with which the rectum sympathises so much, that the pain is often attributed to that organ. The tumor can often be perceived in perineo, but is always felt distinctly by the finger introduced into the rectum. It can be best combated by general depletion, leeches and cups to the perineum—cold and soothing applications constantly injected into the rectum, purgatives, &c.

The chronic enlargement that occurs in old men, is a very perverse disease, and often impossible to cure. Frequently the only thing that can be done, is to prevent obliteration of the urethra by the use of bougies.

The Dr. out of many cases, only knows two which have been fully reduced, and in these suppuration took place, and the *tumors were entirely removed.*

Spontaneous Absorption of the Prostate.—He mentioned a very interesting case of a man under the care of Dr. Morton, who, when young had been a victim to masturbation, and in after life was always subject to emissions; in coition, semen would be discharged before he had obtained an entrance. Almost lost the use of lower limbs, &c.

In him, the prostate had been entirely absorbed. By introducing a catheter and putting the finger into the rectum, it could be run along the whole course of the catheter without meeting with the prostate. He since saw a case in the dissecting rooms where there was no prostate, and where the patient appeared to be of the above description.

Stricture from Enlarged Prostate.—When the prostate is enlarged, the Lobulus Morgagnii, or third lobe, very often projects up across the opening, forming what may then be well called, the *palate* of the bladder or uvula vesicæ. In such cases, it is next to impossible to get a common catheter into the bladder. It must

be longer than common, and *very* much curved—when with tact, it is easily passed in.

A few remarks upon Strictures of the Urethra.—These should at first be always examined with a wax bougie—inasmuch as by the careful use of it, the exact nature and appearance of the stricture can be easily ascertained. The wax becomes warmed in the passage, and takes an exact mould of the contracted part. If it will not enter the stricture, the application of force will expand and bend the end of the bougie, and will show the mouth of the stricture upon its point. If it will enter, the part which it has entered will be an exact reversed copy of the stricture, (dilated somewhat by pressure, to be sure,) while the force applied will bend the part behind—back in the healthy urethra.

These bougies are also very convenient for cauterising the urethra; a *small* piece of caustic must be firmly imbedded in the end of the bougie, and part of it covered over—thus there is no danger of its falling out, and any part of the stricture may be touched by it.

Patients are sometimes under treatment for months, from the idea that they have strictures, caused by the apparent impossibility of passing up a catheter. These difficulties often arise from the lacunæ or follicles of the urethra, or the prostatic ducts being enlarged, and may occur even from their existence in the natural state.

A pointed bougie will frequently catch against these obstructions and give the idea of an impassable stricture. If a large bougie with a blunt round extremity is used, it will pass the obstacle in nine cases out of ten.

It is well to carry the point of the bougie pressed upon the lower or posterior surface of the urethra, till it arrives at the pubis, for the lacunæ of the urethra are chiefly upon the anterior surface, and when it passes that part, to press it upon the anterior portion; for the verumontanum, and the prostatic and antiprostatic ducts, are upon the posterior part. To show the possibility of the catheter getting into one of these ducts, Dr. M'Clellan mentioned a case in which a surgeon had made numerous attempts to get into the bladder, in a case of prostatic enlargement. At last he changed

the position of the instrument slightly. The man cried out that something had given way, and the instrument passed its whole length without difficulty, apparently into the bladder. No urine came, however, and the attempt was not renewed. The man ultimately recovered, but died a short time after of a bilious fever. On an examination it was found that the catheter had entered the sinus pocularis, gone through the ejaculatory duct, torn through the vesicula seminalis, and some recto-vesical attachments, and produced a large abscess there.

He mentioned another very interesting case in which the catheter penetrated the *ureter* by being carried too far.

It was that of a man who had swallowed a date stone, which lodged in the appendix cæci vermiformis, producing inflammation, which ended favorably in a large abscess circumscribed by the peritoneum in the lower part of the abdomen, so that the bladder floated in it. This produced a tumor above the pubis, which was mistaken very naturally for retention. Dr. Physick introduced a catheter two or three times, but only a tablespoonful or so of urine would come off. Thinking that he had not penetrated the bladder, he, on one occasion, made use of more force than usual, but with the same results. Finally the man was tapped above the pubis at Physick's request, by M'Clellan, when the state of affairs above described was found; no *urine* in the bladder, but a large abcess in front of it. The man died in a few days, when an examination developed that the catheter had passed up the ureter about an inch, tearing the mucous membranes, so that a large blister of urine had formed between the mucous and muscular coats.

Irritable Urethra.—Where the urethra is very irritable, the injection of a solution of nitrate of silver is an invaluable resort. In many cases of stricture, and in particular predispositions, there is great irritability of this canal, increased by the slightest touch of a bougie.

He recollects the cases of two gentlemen, brothers, suffering from stricture, in which the most gentle application of the bougie gave rise to intense agony, nervous chills, and even convulsions. In both these cases, the use of an injection of nitrate of silver, gradually increased from the strength of three grs. to an f.℥j. water

up to six or ten grs. entirely cured this morbid sensibility, and in a few weeks the bougie could be introduced in both cases without any unpleasant results.

Sept. 24th, 1843. *Hydrocele of the Neck.**—A young gentleman, æt. 19, from Mount Sterling, Kentucky, has had a tumor in his neck, which has been increasing for two years, until it deformed him very much, presenting a uniform, œdematous-looking enlargement of all the front and sides, looking somewhat like the leg of one affected with elephantiasis. It was of a soft consistence, yielding a semiliquid feel, and had given him little pain or uneasiness, except that it produced difficulty in breathing at night, and snoring.

Dr. M'C. pronounced it to be a hydrocele of the neck, or watery tumor contained in a sac, probably encircling the thyroid gland. He determined, as the only safe course, to make an exploratory puncture, and let out the matter.

Last Sunday he did so, by introducing a lancet at the most projecting part of the swelling, upon the left side, and let out about a pint of dark bilious looking serum, tinged with blood. He injected a little warm water to clean out a few flakes that were in it, and closed up the wound, merely applying some lint upon it.

Monday morning. The tumor had filled up to its usual size, appeared to be a little inflamed; it was very difficult for him to swallow, and he was suffering from considerable constitutional derangement. He had had a slight chill in the morning, and then (10 o'clock) his pulse was quick (120) and irritated, and he was querulous and excited. Dr. M'Clellan bled him 10 ounces (he had been purged on Saturday and Sunday,) and ordered

℞. Sulph. morph., grs. iss.
Ant. and potass. tart., gr. i.
Aq. fluvial, f.℥ij.

S. 40 drops every few hours, and also gave aq. camphoræ every few hours, which remedies had the effect of calming him very much.

* This case is reported at length, with remarks uopn this affection, in M'Clellan's Surgery, page 318.

Tuesday, Wednesday, Thursday and Friday, he continued getting rather worse; at times violently delirious, and at others apparently in a typhoid state; a little subsultus tendinum and muttering delirium.

He could swallow water with difficulty, and could take no nourishment but a little liquid preparation of arrow root and ice cream, &c. Cold lotions were kept applied to the part, and on Wednesday fifty leeches were applied, which had the effect of diminishing the pain.

On Saturday the Dr. felt an obscure fluctuation on the opposite side, and opened it with a lancet, letting out f.ʒj or ij. of a bloody serum, of a suspicious looking character, and he then ordered the application of poultices. From all the symptoms, he feared very much the development of fungus, a result which has often taken place in similar tumours, although, sometimes, puncture and even the employment of setons in these cases, have given rise to suppuration and obliteration of the sac, and have resulted in perfect cures.

Tuesday, Sept. 26.—His bad symptoms have all abated, and the wound is now in a state of full suppuration. He is easy and perfectly *compos mentis*. Pulse weak but natural; and there is every prospect that the process of suppuration now going on will result in the closing of the sac and spontaneous cure of the disease, without the formation of fungus.

Saturday, Sept. 30th.—The puncture on the other side, which had closed entirely, again opened yesterday, and full suppuration is now going on at the orifice, and the right and left sides now appear continuous.

Nov. 1st.—He has gone home, perfectly cured, the tumor reduced in size, there being only a little lump on the left side near the orifice of the wound, which is still suppurating freely.

Remarks on the Medical Topography of Callao and Lima. By G. R. B. Horner, M. D., Fleet Surgeon, Pacific Squadron.

On a fair day, the approach to these celebrated places is highly picturesque. The Andes are seen to the eastward and behind them, raising their snow capped summits thousands of feet above the mountains between the former and the ocean, and though formed of barren russet ash-like rocks, their sublimity, ruggedness,

and variegation of outline render the prospect of them exceedingly striking. On approaching more nearly from the sea, we perceive to the south east, for miles, a high perpendicular and rocky shore, constantly washed and beaten down by the surf, and directly eastward the rugged precipitous island of del Fronton. Separated from this by a narrow strait is that of St. Lorenzo, which rises 1280 feet above the ocean, and forms the western side of the harbor of Callao. Between the two islands are perceptible the ships at anchor there, displaying their masts and banners above the low, sandy, pebbly peninsula, on which stand Callao and its immense castle. Between the western end of this peninsula and St. Lorenzo is the Bouqueron passage, but it is a dangerous one, from its rocks, shoals, and narrowness, and vessels generally run into the harbor through the northern entrance, between the upper end of St. Lorenzo and the main land. In doing this we have a magnificent view of the mountains, harbor, islands, Callao, Lima, and the country between it and the water, which though only in part cultivated, displays a luxuriance of vegetation, much in contrast with the barrenness of the mountains. As soon as a ship anchors she is surrounded by flocks of birds, feeding upon whatever they can gather upon or beneath the water. From morning to night, gulls, cormorants, ducks, and dark, bag-throated pelicans continue to swim, dive, and skim over the surface. Such flocks of them I have never seen in any other part of the world. But Callao presents little of interest; it contains only about 5000 souls, has irregular, mostly narrow, illy paved streets, and is built either of sunburnt bricks or adobes, plastered over, or of posts and reeds smeared over with mud. Recollection of the awful earthquake which caused the old town to sink beneath the ocean, and fear of another such catastrophe, prevent any attempt at style either in the size or structure of the houses. These are nearly all one story high, and flat roofed. The largest have inner courts, some of which are well painted, quite spacious and handsome. Water is furnished chiefly from two large bronze fountains, each made of basins gradually diminishing in size from the lowest to the highest. The market is in the large square, and is tolerably well supplied with fruit and vegetables, but fish, flesh, and fowl are not abundant, and the numerous black vultures perched on the houses and castle walls, look half famished and disconsolate from the scarcity of

meat thrown away by the inhabitants. The castle occupies about ten acres of ground, is separated from the town by a moat forty feet wide, eight or ten deep, and encloses two large round terraces, a chapel, and barracks, now chiefly used as the custom house. Between the castle and the point looking towards the Bouqueron passage, lie the skeletons of the multitude who perished by the sword, famine, and pestilence during the late civil wars of Peru. So numerous were the dead, that their bodies were dragged out of the castle and thrown upon the beach to moulder, or serve for food to birds and beasts. For an incredible period the air of the town was tainted with the putrid exhalations. Subsequently and after the suppression of a mutiny in the garrison—as I was informed by an eye-witness—160 men were shot, hauled out in carts to a pit dug out of the town, were thrown within it and consumed with fire. But at this time the air of Callao is as pure as that of most similar towns, and though frequently damp from moisture, whole cargoes of Chilian wheat are kept constantly heaped in vast piles, upon the space between the town and the long quay erected by Gen. Miller. The wheat there lies white, clear, and plump for indefinite periods, though merely a few mats are thrown over it during the dampest weather. Callao is justly entitled to the appellation of salubrious, and furnishes little private practice to physicians, has no public hospitals, and only one private, that of Dr. Gallagher, of Lima. He pays it daily visits, and has Dr. Whittingham in constant attendance. The hospital is partly formed by the old custom house, stands on a declivity, a mile southeast of Callao, and adjoining the village of Bellavista. The location of the building is airy, convenient, and commanding. From it are seen the romantic country back of it, and likewise the town, harbour, ships, ocean, and the eastern face of Del Fronton and St. Lorenzo. The hospital has two courts, several rooms for offices, and three wards, large enough to accommodate fifty patients, and well ventilated by valves in the skylights over the middle of the wards. These are parallel to each other, open by doors into the chief court, are paved with bark, furnished with iron bedsteads and wool mattresses, and though not kept in the nicest order, are very comfortable for the poor weather-beaten sailors who resort to them for health. There were forty-three of them in the hospital when I visited it, and each one paid $1.50 per day for

board and medical attendance. Officers are charged higher, and proportionately to their accommodations. The diseases in the hospital were those most common among seamen. An American had died in it very recently ; and its walls had been shaken by two shocks of an earthquake the night before my visit, but they are thick, only a story high, and cannot be thrown down except by a very violent shock. We can then with good reason recommend the hospital to merchant seamen, and in emergencies to those of any vessels of war, crowded with sick, or having incurable and contagious cases, or such as would be benefitted by treatment on shore. Desertion is the strongest objection to sending men to this hospital, but that is trifling when we calculate the comfort afforded the sick, the better chances they would have of being cured, and the greater certainty of their not contaminating a whole crew by remaining on board ship.

From Callao to Lima is an inclined plain, six miles wide, rising gradually from one to the other, at the rate of eighty feet the mile. Lima then, is nearly five hundred feet above the ocean, and stands at the highest part, upon its eastern border, beneath a bare rugged ridge of granite. Through a gap of this flows the Rimac, a rapid mountain stream, rising from the Andes, and fed by their melted snows. The river runs through the northern end of the city, and when full is a hundred yards across, but almost all of its water is diverted from its channel to turn some mills, to supply the Limanians, and irrigate the country below the city. To effect this justly a commissioner is appointed to direct the water where wanted, and by aid of it and the dew the soil produces abundantly, as it is alluvial and naturally fertile. This is made manifest by its yielding two or three times a year crops of fruits and vegetables. Among its fruits are limes, lemons, oranges, pineapples, bananas, guavas, plums, pomegranates, the granadilla; the luscious fruit of a passion flower, the picaya, a very large legume with black seed and a sweet frost-like pulp, and the delicious cherimoyer. This is the fruit of a magnolia, is of a green color exteriorly, white within, has a scale-like rind, and contains many black seeds buried in a juicy, very sweet pulp, flavored slightly with strawberry. The cherimoyer is the most esteemed of Peruvian fruits, is wholesome and nourishing. It forms a chief article of food to the natives, and when it is of fullest size, will nearly yield enough nourishment

for a breakfast. Of vegetables the most abundant are pumpkins Indian corn, potatoes, cabbages, beans, and yuca, a species o mandiaca root, like that of Brazil, but used simply as a vegetable and not made into farina nor tapioca. An ordinary method o cooking it, is to strip off its rusty, blackish skin and boil it with beef, with which it is eaten after soup has been served. The plan is cultivated in fields, attains a height of five or more feet, has palmate leaf, and an irregularly fusiform root from one to two fee in length. The Limanians can boast of eating the best of pota toes, both sweet and common, or, more properly, indigenous a they were first found in Peru. The finest used are the large deep purple potatoes, and the small yellow, which are the most savory of the two kinds, and when well cooked have a delicacy, lightness and gusto surpassing those of any other potatoes, not excepting th sweet of Lima, which are very good. These are generally of a deep yellow color inside, and differ from ours in shape by being knotted on the outside. Some of them are so much so that they resemble a common potato of great size, formed of five or six large tubers.

Of medicinal plants few are to be found wild or cultivated. The mountains are too rocky to produce them, the plains and valleys too much in demand for eatables, to allow them to grow abundantly. But on the banks of the Rimac above the city and near a mill race on the north side, the palma christi grows spontaneously and perennially. Some of the nightshades are also produced, and among them the most remarkable is the Datura arborea, or Floripondio. It is strongly narcotic, thought dangerous in a bed chamber, attains a great height, and bears a perfectly white lily-like flower, composed of a single goblet-shaped petal eight inches long with an everted margin, terminating in four points an inch or two in length.

To obtain a perfect view of the city and surrounding country, it is necessary to clamber to the top of St. Christopher, a mountain at its northern extremity. It is a part of the ridge mentioned, stands on the right side of the Rimac, rises seventeen hundred feet above the sea, and is formed of huge fissured granitic rocks, resembling the lava of Etna. Its summit has two points like the crater of Vesuvius, and on the highest a conical heap of stones and lime surmounted by a wooden cross. The ascent is steep,

broken, and in parts slippery and dangerous, but the prospect beheld after the summit is attained fully compensates for fatigue suffered. Within the prospect are included the Andes, the valley of the Rimac, the bull circus, the new Alameda; a favorite public walk; the city, Callao, ocean, and its coast from above St. Lorenzo to that below Cherillos, the fashionable bathing place of the Limanians. From his airy position the spectator perceives that Lima, on the south side of the river, is hemmed in by a ditch and wall of adobes, except along its margin, and that it has rectangular streets of convenient width, that it abounds in churches and flat roofed dwellings, rarely more than a story high. But they occupy a great deal of ground, and have from one to two spacious courts included within their walls. These are formed of adobes, much larger than sun burnt bricks, but much smaller than the immense adobes composing the fences of the adjacent fields, for two of the latter kind, placed one above the other, are sufficiently high for an ordinary fence. The finest dwellings have very high apartments, opening into one another and the courts. On the back one of these are the kitchen and servants' chambers, and on the front those of the family, and the parlors. These are large, have wooden ceilings, plank or brick floors, and walls covered with paper, tacked on, as paste will not make it adhere to the adobes forming them. Chimneys are not used, and none are visible, though fire would be agreeable during the frequent drizzles which fall night and day, and are heavy enough to chill the air, make muddy streets and fill small hollows with water. The drizzles are called dews, but in the United States would be termed light rains. When they prevail, the Andes are entirely obscured in mist and clouds, and I have seen Fahrenheit's thermometer sink to 60° even in the harbor. But this is more properly to be ascribed to the ever blowing southerly trade winds, than to the dampness of the atmosphere, or the wide rapid streams from the Rimac, flowing in the middle of all the principal streets, and gushing from the basins of the bronze fountain in the great square or plaza. This has the viceroy's palace, now the president's, on one side, the bishop's and cathedral on another, and the two portals or arcades of shops on the remaining. The cathedral is a vast pile of adobes, lime, and wood, 245 feet in front, 375 in depth, and contains the remains of the first viceroy of Peru, Francisco Pizarro, but we will let them

there rest in peace, and speak of the living Limanians. They are estimated at 85,000 by the last census, and consist of whites, blacks, mulattoes, Indians, and various admixtures. The officers of the government, those of the army, and the principal native families are of Spanish descent, the soldiers, hucksters, many of the servants, the market people of the city and country, are native Indians. Indeed in the four battalions composing the garrison, I did not see one who was not. They are copper colored, short and stout, rarely over five feet five inches high, often under that, and have low wide foreheads, black eyes and hair. Their physiognomy indicates mildness of temper, prudence, and a moderate amount of intelligence. They and all the other citizens are Roman Catholics, much addicted to festivals. One occurs besides the Sabbath every month for ten of the year, and two take place in each of the two remaining months. Idleness and dissipation are the natural consequences, and during these festivals the lower class of men consume a great quantity of spirit, chiefly pisco, so named from the town where it is manufactured. It resembles in color and taste corn whiskey, and is made from the fermented juice of the Peruvian grape. Lima has no good schools for extensive education, and only one medical. This has a full number of Professors, and eighty students, who have access to four hospitals in a limited manner. They are the female hospital of Santa Ana, the male one of St. Andros, the military, and incurable. The three first lie in the southern quarter of the city, the last is within the north eastern. They are all built similarly to the dwellings, and do not require minute description. It may be enough to state that they have a single story, are paved with brick, furnished with iron and plank bedsteads, and are indifferently well ordered.

The best hospital is St. Ana's. It has four large rooms forming a cross, with rooms between the limbs. It accommodates over 700 patients, has two courts and a female college adjoining, where 20 girls are educated gratis. St. Andres accommodates 400 patients, and like the military has a guard of soldiers to preserve order. The hospital of incurables is divided into a male and female department, with adjoining walls and courts, and contains altogether 80 patients. They are principally blacks and mulattoes afflicted with chronic local disorders, mostly ulcers from leprosy and chigres, and presenting a most squalid appearance. In the

other hospitals fevers and dysentery were two of the chief disorders. Among the former, intermittent is most common, as it is prevalent in the city, and has a fruitful source in the dampness of the houses, as well as in the heavy dews, if not in the exhalations of the neighboring country, borne over the city walls by the wind after it has swept across the bed of the Rimac and other low grounds between Lima and the Pacific. The two diseases above mentioned are probably the most common among the inhabitants, particularly the poorer classes who have unwholesome food, live mostly on fruits and vegetables, and occupy the dampest dwellings. The pitted faces of some, even of the fair sex, show that small pox is one of the diseases in the city, and the clumsy gait of some of the men makes known the existence of elephantiasis. Pulmonary affections mostly prevail when there is much humidity of the air. Catarrhs are very prevalent in winter when the city is both damp and dirty, and it is expressly prejudicial to asthmatics. Hence they become relieved by going into the country. Such, in fine, is the mortality of Lima from war and disease combined, that in spite of its many foreign and native physicians and its well filled drug stores, it is estimated that the whole number of deaths equals that of the population every seventeen pears. This estimate is extravagant, but the continuance of the city in precisely the same bounds it has had for a century, the erection of scarcely a single building in the year, the limited emigration of the people, the emptiness of the vast convent of St. Francisco, which forms three hollow squares, and the dwellings generally not being over crowded, prove the mortality to be great, and the vaults of the churches, the cells and graves of the Campo Santo to be abundantly supplied. Nevertheless, by preper care a person can live as long in this city as in any other, and while he lives can enjoy good society, a plentiful table, and pleasant promenades. He can resort to the mercantile reading room, the public library of 30,000 volumes, and the museum adjoining, where above the cabinets of animals, birds, beasts, coins, and Indian curiosities, are seen the full length portraits of Generals Gomorra, Lamar, and Bolivar, with those of the forty-five viceroys of Peru, from Pizarro in 1530, down to Laserna, the last one, who was expelled by the patriots in 1824. The museum is open gratis every day, except on the Sabbath and during festivals, and every person has the privilege of using the library,

though no one is allowed to take the book away for private perusal.

Case of Idiopathic Tetanus. By D. G. Gregory, M. D. of La Grange, Texas.

On Sunday, 15th Sept. 1850, I was called to see Miss Mary Kersens, aged 20, a native of Germany, who emigrated to Texas in the spring of 1850. Says she always enjoyed good health; commenced to menstruate at 13 years of age, and has menstruated regularly ever since. Finding herself here without friends or relatives, she went to live in the family of Mr. P. V. Shaw, of La Grange, Texas. She was taken sick about the first inst., (after a hard day's work, washing and scrubbing,) with a chill, followed by fever, accompanied by severe paroxysms of cramp. Several physicians of this place saw her, one of whom attended her for a number of days, and from some cause (unknown to me) abandoned the case. The above history I had from herself.

When I first saw her on the above day I found her presenting the following symptoms, viz.: soreness and tenderness on pressure of the whole spinal column, the least pressure upon the spinous processes producing the most exquisite pain; the most severe spasm, affecting the whole muscular system, and producing complete opisthotonos, trismus, and sometimes risus sardonicus; tongue slightly coated in the middle, clean at the edge; pulse and skin natural; paroxysms coming on suddenly, and of about thirty minute's duration; entire consciousness, and freedom from pain in the intervals. I commenced the treatment by applying a blister to the whole length of the vertebral column, gave quinine gr. v., morphiæ sulph. gr. ss. every two hours; enema of gruel and fourth proof brandy.

Monday, 16. Symptoms same as yesterday; treatment same, with the exception that I increased the quantity of quinine and morphine, and as the bowels had not been evacuated last night, ordered an enema of tartar emetic in solution, suspended in gruel, to be repeated in the afternoon. The blister having drawn well, a strong solution of sulphate of morphia was ordered to be applied to the blistered surface, and also to be repeated in the afternoon.

Tuesday, 17. Patient rather worse than yesterday. Slight

operation on the bowels, paroxysms longer in duration and more severe, lasting nearly an hour, with emprosthotonos. Ordered Calomel, gr. x. S. Quiniæ gr. viii., Morphiæ Sulphat gr. ss., every two hours, and to be continued all day; enema at night of Ol. Ricini ℥i., suspended in gruel. At this time I sent for Dr. I. Evans, my partner, as consulting physician, who, with me, attended the case until dismissed, cured.

Wednesday, 18. Copious discharges from the bowels last night, slight degree of ptyalism, paroxysms not so severe as yesterday, but longer in duration, (one lasting for the space of an hour and a half) the intervals between paroxysms longer also. Continued same treatment as yesterday.

Thursday, 19. Patient better to-day, considerable ptyalism apparent, omitted Hydrargyri Sub. Mur., and continued Quinine and Morphia, with Prussiate Iron gr. ii. added to each dose.

Friday, 20. Patient improving, treatment as yesterday. Copious discharges of very offensive matter from the bowels, at intervals during the day and night.

Saturday, 21. Patient still improving, medicines discontinued, ptyalism receding, patient sat up a little in bed.

Sunday, 22. Forenoon, patient a little worse, in consequence of having exposed herself to a draft of cool air in an open gallery yesterday; resumed Quinine and Morphia and gave it every three hours.

Six o'clock, P. M., was called in haste to see our patient; on arriving found her much worse than on any previous visit, the paroxysms being very severe, attended with the most excruciating pain, extorting from her the most lamentable shrieks of agony; the body and face distorted into every conceivable attitude, presenting, alternately, opisthotonos, emprosthotonos, pleurothotonos, risus sardonicus, and trismus; her condition at this time was truly pitiable, and none who saw her supposed she could survive more than a few hours. Ordered Calomel gr. viii., Mor. sulph. gr. i., Quinine gr. viii., every two hours, to be continued all night.

Monday, 23. No perceptible amendment in the symptoms, ptyalism again increasing, bowels evacuated last night; continued same treatment as yesterday; administered enema of Ol. Ricini ℥i., Ol. Turpentine ℥ss., applied a large blister over the left side.

Tuesday, 24. More complete ptyalism, patient completely narco-

tized. Oil and turpentine evacuated the bowels, symptoms more favorable, discontinued the Calomel; Quinine and Morphia as before.

Wednesday, 25. Patient a great deal better; cramp confined pretty much to the lower extremities; continue Quinine and Morphia every four hours.

Thursday, 26. Still improving very fast, no spasm to day; patient sat up nearly all day.

Friday, 27, to Sunday, 29. Patient still went on improving, until Sunday evening, when she had slight paroxysms, which were effectually relieved by the application of a blister on the side, a few doses of Quinine, and two doses of Seidlitz powders, during the night.

Monday, 30, to Oct. 15. Patient has still gone on improving, and expresses herself as well as ever she was.

Remarks.—I consider the above case one of idiopathic tetanus of miasmatic origin. The most remarkable feature in the symptoms, was the excruciating pain attending the paroxysms, and their always commencing in the left side; and that most remarkable in the treatment is the enormous quantity of calomel and quinine taken before ptyalism was induced, and the circumstance that whenever it was, the symptoms were alleviated.

La Grange, Texas, Oct. 15, 1850.

Pennsylvania Hospital—Surgical Wards—Service of Dr. Norris.
Cases discharged from Jan. 1st to Feb. 1st, 1850.

Disease.	Cured.	Average time under treatment in days	By request.	Average time in days under treatment.	Died.	Average time in days under treatment.	Tot.
Abscess - -	0	0	1	60	0	0	1
Amaurosis -	0	0	1	86	0	0	1
Burns - -	2	49.5	0	0	0	0	2
Contusion -	1	19	0	0	0	0	1
Fractures, 9 simple 6, viz.:							
Clavicle -	1	23	0	0	0	0	1
Humerus -	1	53	0	0	0	0	1
Condyle of humerus	1	38	0	0	0	0	1
Radius -	2	45.5	1	10	0	0	3
Leg - -	1	89	0	0	0	0	1
Compound, 3, viz.:							
Facial bones -	1	28	0	0	0	0	1
Skull - -	1	124	0	0	0	0	1
Leg - -	1	79	0	0	0	0	1
Furunculus -	0	0	1	2	0	0	1
Gonorrhœa -	1	14	0	0	0	0	1
Hæmorrhois -	1	8	0	0	0	0	1
Hydrocele -	0	0	1	1	0	0	1
Inflammat'n of leg	1	20	0	0	0	0	1
" ankle	1	41	0	0	0	0	1
Necrosis - -	0	0	1	48	0	0	1
Onychia - -	1	19	0	0	0	0	1
Ophthalmia -	2*	31.5	0	0	0	0	2
Ruptured vein -	1	25	0	0	0	0	1
Sub-luxation -	1	54	0	0	0	0	1
Syphilis - -	6	35.3	1	61	1	82	8
Tumor - -	1	20	0	0	0	0	1
Ulcer - -	2	24.5	0	0	0	0	2
Wounds 6, viz.:							
Incised -	3†	17	0	0	0	0	3
Punctured -	2†	18	0	0		1	3
	35		7		2		44

* In one of these an abscess of the cornea also existed.
† One of these of the abdomen.

Pennsylvania Hospital—Surgical Wards—Service of Dr. Norris.
Cases Discharged from Feb. 1st to March 1st, 1850.

Disease.	Cured.	Average time under treatment in days	By request.	Average time under treatment in days	Died.	Average time under treatment in days	Tot.
Abscess - -	1	72	0	0	0	0	1
Burns - -	1	33	0	0	3	4.7	4
Calculus - -	1*	81	0	0	0	0	1
Contusion -	1	24	0	0	0	0	1
Erysipelas -	1	24	0	0	0	0	1
Fractures, 13 simple 10, viz.:							
Humerus -	1	34	0	0	0	0	1
Condyle of humerus	1	28	0	0	0	0	1
Radius - -	4	43.5	0	0	0	0	4
Radius and ulna	1	34	0	0	0	0	1
Femur - -	2	71	0	0	0	0	2
Leg - -	1	86	0	0	0	0	1
Compound 3, viz.:							
Skull - -	1	22	0	0	0	0	1
Leg - -	2	104.5	0	0	0	0	2
Gangrene -	1	130	0	0	0	0	1
Gonorrhœa -	2	42	1	13	0	0	3
Hæmorrhois -	1	35	0	0	0	0	1
Hernia, strangulated	0	0	0	0	1	3	1
Hydrocele -	0	0	1	3	0	0	1
Inflammation of face	0	0	1	13	0	0	1
" hip	0	0	1	80	0	0	1
" leg	1	22	0	0	0	0	1
Luxation - -	1†	3	0	0	0	0	1
Sub-luxation -	2	18.5	0	0	0	0	2
Paronychia -	1	10	0	0	0	0	1
Syphilis - -	1	25	1	65	0	0	2
Tumor - -	2‡	21.5	0	0	0	0	2
Wounds, 7, viz..							
Gunshot - -	1	89	0	0	1	0	1
Incised - -	1	29	0	0	0	0	1
Lacerated -	3	16.7	0	0	0	0	3
Punctured -	2§	25.5	0	0	0	0	2
	37		5		4		46

*By lithotomy.
†Of humerus.
‡By extirpation.
§One of the thigh near to the femoral artery and complicated with delirium tremens.

Pennsylvania Hospital—Surgical Wards—Service of DR. PEACE.
Cases discharged from March 1st to April 1st, 1850.

Disease.	Cured.	Average time under treatment in days.	By request.	Average time under treatment in days	Died.	Average time under treatment in days.	Tot.
Abscess - -	2	34	0		0	0	2
Burns - -	1	69	0		0	0	1
Carbuncle -	1	79	0		0	0	1
Caries - -	0	0	2	19.5	0	0	2
Contusion, -	4	28.5	0	0	0	0	4
Corneal opacity	0		1	33	0	0	1
Exostosis, -	0		1	273	0	0	1
Fractures, 12							
simple 7, viz.:							
Clavicle -	0		1	17	0	0	1
Olecran. pr.	1	31	0	0	0	0	1
Radius - -	1	41	0	0	0	0	1
Metacarpus -	1	34	0	0	0	0	1
Leg - -	3	53	0	0	0	0	3
Compound, 5, viz.:							
Fingers - -	1	50	0	0	0	0	1
Thigh - -	0	0	0	0	1*	6	1
Leg - -	2	103	0	0	1†	126	3
Gonorrhœa -	4	40.2	1	17	0	0	5
Hæmorrhois -	1	26	0	0	0	0	1
Hare lip - -	1	24	0	0	0	0	1
Iritis - -	1	21	0	0	0	0	1
Inflammation of foot	1	56	0	0	0	0	1
leg	1	24	0	0	0	0	1
Sub. luxation -	2	18.5	0	0	0	0	2
Syphilis - -	3	81.7	2	7	0	0	5
Tumor - -	1	39	0	0	0	0	1
Ulcer - -	1	35	1	102	0	0	2
Wounds 9, viz.:							
Gunshot, -	1	24	0	0	0	0	1
Incised - -	2‡	23.5	1	4	0	0	3
Lacerated, -	4	39.2	0	0	0	0	4
Punctured -	1‖	24	0	0	0	0	1
	41		10		2		53

* Died of Tetanus. The patient fell from the top of a four storied house whilst running backwards upon the roof.

† This was complicated with simple fracture of the thigh in a depraved constitution.

‡ One of the larynx. ‖ Of the thorax.

Pennsylvania Hospital—Surgical Wards—Service of Dr. Peace.
Cases discharged from April 1st to May 1st, 1850.

Disease.	Cured.	Average time under treatment in days.	By request.	Average time under treatment in days	Died.	Average time under treatment in days	Tot
Abscess - -	1*	41	0	0	1†	15	2
Burns - -	3	41.3	1	1	0	0	4
Caries - -	1	212	0	0	0	0	1
Conjunctivitis (chr)	0	0	1	227	0	0	1
Contusion -	5	8	0	0	0	0	5
Corneal opacity	1	75	1	45	0	0	2
Fistula in perin.	1	320	0	0	0	0	1
recto-vag.	1	17	0	0	0	0	1
Fractures, 15							
simple 12, viz.:							
Humerus -	1	39	0	0	0	0	1
Radius - -	1	32	0	0	0	0	1
Sternum, -	0	0	1	14	0	0	1
Rib, - -	2	27.5	0	0	0	0	2
Spine - -	0	0	0	0	1	1	1
Pelvis, - -	0	0	0	0	1	6	1
Leg - -	3	76.7	2	12	0	0	5
Compound 3, viz.:							
Nose - -	1	18	0	0	0	0	1
Hand, - -	0	0	0	0	1‡	67	1
Foot, - -	1	177	0	0	0	0	1
Frost-bite -	1	98	0	0	0	0	1
Gangrene -	1	85	0	0	0	0	1
Gonorrhœa -	1	24	0	0	0	0	1
Hydrocele -	0	0	1	3	0	0	1
Inflammation of arm	1	24	0	0	0	0	1
hip	0	0	1	136	0	0	1
knee	2	35	0	0	0	0	2
leg	1	107	0	0	0	0	1
Iritis - -	1	42	0	0	0	0	1
Luxation - -	1‖	26	1§	19	0	0	2
Lupus - -	0	0	1	2	0	0	1
Necrosis - -	1	335	0	0	0	0	1
Paronychia -	0	0	1	54	0	0	1
Syphilis - -	7	31.9	2	52.5	0	0	9
Ulcer - -	2	146.5	0	0	0	0	2
Wounds 12, viz.:							
Gunshot -	1	45	0	0	0	0	1
Incised - -	3	26.7	1	3	0	0	4
Lacerated -	3	56.7	0	0	1¶	9	4
Punctured -	3	38.7	0	0	0	0	3
	51		14		5		70

* This was Mammary.

†This was situated at the upper extremity of the sternum, involving the sterno-clavicular articulation on the right side, and eventually communicated with the anterior mediastinum, assuming a gangrenous condition before death.

‡ The inflammation which here arose in a man of depraved constitution, extended throughout the arm, and the patient died from the exhaustion consequent upon the profuse purulent discharge, he being at no time, after the very proper attempt to save the fingers, in a suitable condition for amputation.

‖ Of clavicle. § Of humerus. ¶ Of scalp.

W. H. Gobrecht, M. D., Resident Surgeon.

BIBLIOGRAPHICAL NOTICES.

Transactions of the American Medical Association, instituted 1847. Vol. III. Philadelphia, 1850. pp. 499.

The third volume of "Transactions of the American Medical Association," although less voluminous than its predecessor of the last year, is in no way inferior to it in the interest and character of its contents.

The meeting of 1850 was indeed in some respects, more encouraging and more fruitful in its results than either of the preceding ones. The number of delegates appointed by the different medical Societies, amounted to between six and seven hundred, from twenty-seven States of the Union, and although the larger number of these were not present, yet the fact of their appointment, shows the deep and wide spread interest which this new movement has inspired throughout the medical profession of the United States. It is believed that no body of physicians of equal number and respectability, has ever been assembled at one time, in any part of the world, and although its proceedings may as yet be inferior in point of scientific importance to the doings of many smaller bodies in other countries, yet the power and influence which it is destined to exert upon medical science in America, if held together by the ties of fraternal feeling, and managed with discretion and wisdom, can scarcely be estimated.

Based upon the representative system, and throwing open its portals to all the regularly educated members of the profession, in good standing with their brethren at home, without distinction of talent, wealth or position, the Association may be regarded as a great democratic medical assembly, in which all the members stand upon the same platform, and act in the true republican spirit.

Here the Professor, whose teachings and writings have rendered him eminent at home and abroad, and whose position gives him a deserved influence over the minds, both of his pupils and his contemporaries, places himself on the same level with the more obscure and humble private physician, whose name and whose medical skill may not be known beyond his immediate circle.

It is true that one element exists in the organization of the Association not strictly republican, viz., that which confers upon medical colleges the right of appointing delegates, irrespective of the medical societies of states and counties. The disturbing influence of this arrangement, has already been the cause of conflict between opposing interests, which has tended in some degree to mar the harmonious action of the Association, and has even induced a fear in some minds that a radical change will have to be made in this respect, before its full benefits can be realized. This, however, is a question upon which there is a variety of views, which it would be premature to discuss at this time.

The volume of Transactions before us, is as usual, chiefly occupied with the reports of the standing committees of the Association upon the several subjects committed to them. These reports with some exceptions, appear to us highly creditable to the talents and industry of the committees who framed them. In one respect, several of them are superior to the reports upon the same subjects in former years, inasmuch as they are strictly American, and contain altogether the original observations of our own men. While this curtails their length, it imparts to them freshness and originality, and brings them within the design contemplated by the Association. Such reports must tend to elevate our national character, and if continued in the same spirit, and improved from year to year, by the additional materials which American Physicians are continually furnishing, we shall soon evince to the world, that there are laborers in the field of Science here, who, as original thinkers, discoverers, and men of genius, have not their superiors in the older nations of Europe.

The first Report on Medical Sciences covering about 50 pages of the Transactions, and embracing a review of the several departments of Anatomy, Physiology, General Pathology, and Therapeutics, with other branches of natural science, bearing directly on the condition and progress of medical knowledge in America, is particularly rich and interesting. It would be impossible in our narrow limits to do more than glance at its general features, without specifying particular points.

An article on the arrangement of the cancelli in human bones, exhibits a novel and ingenious view of the mechanical uses of the interior structure of bone, which manifests in a striking manner,

hat admirable adaptation of means to ends, which prevails hroughout all the works of nature. Dr. Wyman, the author, a istinguished Anatomist of Boston, deserves great credit for his urious investigations into this subject,

Under the same head are detailed the results of Dr. Morton's in-estigations, into the "capacity of crania in different races of nan," a new and interesting subject, which is just beginning to ttract attention. Dr. John Neill, and Dr. Joseph Leidy, both f Philadelphia, and amongst the most acute and industrious la-orers in the field of Anatomy and Physiology, have also added heir portion to this department in several interesting communi-ations. The article on "Parasitic Life" by the latter gentleman, s particularly valuable, as well as the observations on the para-ites which infest the human teeth, by Dr. H. J. Bowditch, of Bos-on. The fact that the number of parasites which are found on he teeth, is in proportion to the degree of cleanliness observed; nd that the various detergent tooth washes do not impair their itality, while soap destroys them instantly, if it should be con-firmed by future observations, would possess great practical alue.

The department of Pathology in the report, treats of the propa-gation of epidemic and contagious diseases, in which the views re-cently propounded on this subject by Drs. J. K. Mitchell, J. Knight, and S. H. Dickson, are briefly detailed. The progress of cholera is traced, and the interesting report of the post-mortem appear-ances in this disease, presented to the College of Physicians of Philadelphia, by a committee appointed to investigate the subject, is briefly sketched.

Dr. Austin Flint's observations on Serous Effusion, within the arachnoid cavity, receive a due share of attention, and are well worthy of examination, as are the facts on Etherization in Insan-ity communicated by Dr. Luther V. Bell and Dr. Ray.

A curious case of spontaneous Hydrophobia, reported to the Philadelphia College of Physicians by Dr. Condie, finds a place in this connection, as amongst the medical curiosities of the year. Some interesting observations made in the same body by Drs. Con-die and Riofrey, on the causes of Pulmonary Consumption, are worthy of note—as also the abstract of an instructive paper on Intestinal Auscultation, by Dr. C. Hooker of Yale College.

This department of the report closes with a section on the formation and composition of Urinary Calculi, in which is recorded the results of analysis of the calculi in the large collection of Transylvania University by Professor Peter, as originally published in the Western Lancet—and also of the collection in the Museum of the Boston Society for Medical Improvement. The connection of different urinary deposits with the geological character of the earth, is appropriately urged by the committee as an inquiry well worthy of the investigation of physicians in the different parts of our country.

Dr. G. Emerson of Philadelphia, a member of the committee, has communicated a valuable section on "Vital Statistics," pointing out some of the causes of mortality in children of the two sexes. It appears from his inquiries that the preponderance of male over female births, which is known to exist, is soon lost by reason of the greater mortality of males, "so that the numbers of the two sexes living at the age of ten years, are very nearly equal, and at the fifteenth year, the living females outnumber the males, about as much as the males did the females at birth." Dr. E. supposes that the excess of mortality amongst male children, arises from the greater prevalence amongst them of the inflammatory affections of the organs of respiration, circulation and nutrition, but more especially inflammation of the brain and its appendages,—while "the principal diseases of which females die, are hooping cough, small pox, scarlet fever, measles, thrush and consumption." The diseases of the males being allied to the sthenic, and of the females to the asthentic class.

Dr. E. also presents some very curious enquiries upon the "Influences operating to change the number of births, and also the proportion of the sexes at birth." The seasons, the quantity and quality of the food, purity of the air, over-working, and whatever tends to exalt or impair the vital energies of the people, are enumerated as so many agencies which influence these results. During fatal epidemics which alarm the public mind, Dr. E. believes that the conceptions of female children will preponderate over the males, and he adduces the births in Philadelphia and Paris, which occurred nine months after the prevalence of cholera in those cities, as an illustration of his views. The close attention which Dr. Emerson has given to the subject of vital statistics, impart

great interest to these observations. Under the head of Toxicology and Miscellaneous matters, we find a brief section on the "mode of actions of poisons" by Professor James Blake, of the St. Louis University, intended to prove that the most rapidly fatal poisons act only by being absorbed into the blood—a doctrine which this gentleman endeavored to sustain by a series of experiments, an account of which was published some years ago, and which has since been controverted by Christison and Taylor, in the Edinburgh Medical and Surgical Journal. Dr. Blake has followed up the subject by more recent experiments, which have tended to confirm his original views.

The comparative effects of anæsthetics receive some attention in this department, as well as the effect of these agents on what are called sensitive plants.

A short abstract of a paper of Professor Horsford presented at the meeting of the American Association for the advancement of science, on "moisture, ammonia, and organic matter in the atmosphere," is well worthy of study, and may tend to throw some light upon the causes of epidemics and other diseases, believed to depend upon certain states of the atmosphere.

The existence of ozone in the air, and its supposed connection with cholera, are succinctly discussed by the committee, and the conclusion that "the ozone theory of cholera, on the whole, is not sustained" appears to be adopted by them.

The report closes with some eloquent remarks on the future prospects of American Medicine, and upon the vast benefits which the Association is destined to confer upon its rising fame.

The report on Practical Medicine and Epidemics from the pen of Dr. J. K. Mitchell, is chiefly occupied with an admirable history of the introduction of cholera into the United States in the year 1849, with the statistics of the various cholera hospitals in Philadelphia, the proportional mortality in the hospitals of Philadelphia, New York and Boston, the different plans of treating cholera and their results so far as statistics furnish them, the effects of certain articles in relieving certain symptoms of cholera, with a lucid exposition of the arguments in favor of the portability, and against the contagiousness of the disease.

The report is accompanied by two charts, one exhibiting the relative position on the ocean of the packet-ship New York, and

the ship Swanton, when the cholera broke out upon them, on their way, the one to New York, the other to New Orleans; the other shows the date and place of occurrence of the first twenty-three cases of cholera reported to the Board of Health of Philadelphia, marked out on an outline map of the city and districts.

Some interesting facts illustrative of "the effect of special conditions upon the power of the progression of cholera," are also recorded, together with numerous examples of its non-extension from infected points and localities.

Our space will not permit more than a passing notice of this interesting paper, but we cannot refrain from a remark or two upon the question of the portability and non-contagiousness of cholera as presented by Dr. Mitchell.

While it is, we think, clearly shown by the facts collected with great care by the committee that cholera was introduced at the New York Quarantine Station, and at New Orleans, by the ships New York and Swanton, and that these vessels became infected with the disease while on the ocean 1000 miles apart, within a day of each other, we are still in the dark as to the means whereby it was introduced into Philadelphia and other infected cities, several months after its appeaeance at the localities stated.

It first occurred in Philadelphia on the 30th of May, at two opposite points of the city three and a quarter miles apart, and then appeared in different sections; for the first seventeen days no two cases occurring within a square of each other. If the disease is portable, how was it brought to Philadelphia, and why did it pursue so tortuous a course?

No evidence is furnished upon these points, except that the eleventh case which occurred on the 12th day of the epidemic visitation, had recently visited the infected city of New York.

Dr. Mitchell concludes from the facts stated, that the disease was not propagated by contagion, but that "the atmosphere of the whole city had become slightly epidemical, not being sufficiently poisonous to produce its specific effects unless aided by personal imprudence or a deleterious locality." It would seem therefore from this statement, that in the opinion of Dr. Mitchell, though cholera is portable, yet it may become epidemic without being first carried to the place where it spreads, or, in other words, that it is both portable and epidemic, but not contagious.

Now we cannot see the utility of introducing the portable theory into this discussion, in contra-distinction to the theory of contagion.

It appears to us just as easy to explain the introduction of cholera into the hospitals on Staten Island, and at New Orleans, from the two vessels arriving with cases on board, by the old idea of contagion, as by the doctrine of portability. The first cases on the landing of both of these vessels could be traced to them. One case was taken directly from the ship Swanton to the Charity Hospital at New Orleans, just as the vessel arrived; the ship New York had cases on board on her arrival at Quarantine, and the first case which appeared on shore, was in a person who had been on the ship forty-eight hours before. It must be remembered also, that the disease was confined in this latter locality to a small space, that a rigid quarantine was established between the Island and New York city, and that not a single case occurred in the city during its prevalence on the island.

We cannot see, therefore, that the introduction of the word *portable*, has any tendency to clear up the obscurity in which this subject is involved, and we are disposed to believe in the absence of farther proof, that cholera, like typhus fever, scarlet fever, and other kindred affections, is both epidemic and contagious, being greatly influenced in its progress, by those special conditions, which are known to favor the attacks of malignant disease. This view is at least as satisfactory to our mind, as that which excludes the idea of contagion, and embraces that of portability.

The committee make some brief remarks upon the occurrence of yellow fever within the past year at Charleston and Rio Janeiro. Its appearance in the latter place, being unprecedented, induced the committee to seek the aid of the Naval Bureau, in investigating this singular fact; and they have been assured of the hearty co-operation of the medical officers of the Navy in presenting the enquiry.

Scarlatina, variola, and typhoid fever, are said to have been unusually prevalent in different parts of the United States within the past year.

In tracing out the latter disease, the committee complain of the usual difficulty of deciding from the descriptions given by physi-

cians "whether the typhoid of Louis, or a typhus state of some of the malarious fevers of the country is to be understood." With a view of rendering information more accurate upon this and other topics, they propose a distribution of subjects to special committees, to report from year to year. The committee remark, "one advantage of the distribution of subjects to special committees, would be the issue by each of an interrogative formulary, so that societies and individuals, might know how to give, the information upon which such reports could be founded. The knowledge now concealed in modest retreats, must thus be concentrated in the Association, to be, by its authority, diffused over the world."

This suggestion appears to us well worthy of the consideration of members of the Association, and will, we trust, demand special attention at an early date.

As appendices to the report, are subjoined two interesting papers one by Dr. Pancoast of Philadelphia, on the treatment of Aphonia, and the other by Dr. Reynolds of Gloucester, Massachusetts, on Epidemic Fever and Dysentery, but our limits will not permit a tice of their contents.

(To be continued.)

The Races of Men.—A Fragment. By Robert Knox, M. D., Lecturer on Anatomy, and Corresponding Member of the National Academy of Medicine of France. 8vo. pp. 323. American edition. Philadelphia, 1850.

The author of this unique production may be known to many of our readers, if for no other effort, for his translation of the Human Anatomy of H. Cloquet. He has, however, made some little noise in the world as a lecturer on the subjects embraced in the volume before us; and by the promulgation of opinions on those subjects, which are certainly sufficiently wild and startling, and on which he appears to pride himself not a little. In speaking of his dogma, that "human character, individual and national, is traceable solely to the nature of that race to which the individual or nation belongs," he characterizes it, very properly we think, as a statement which must meet with the severest opposition. "It runs counter to nearly all the chronicles of events, called histories,"—a sorry recommendation to favor we should say,—"it shocks the theories of

statesmen, theologians, philanthropists of all shades; nevertheless, it is simply a fact, the most remarkable, the most comprehensive, which philosophy has announced. Race is everything: literature, science, art, in a word, civilization, depend on it."

Such is a specimen of the author's manner, and it is no exaggeration to say, that the whole work abounds with similar categorical affirmations,—at times plausible; at others revolting; occasionally supported on an admitted basis; at others altogether aerial; and not unfrequently in contrast with all fact, observation, and even common sense; strung together, too, in the most confused and discordant manner, and presenting

> "A fine specimen, on the whole,
> Of what the learned call rigmarole."

It is difficult, indeed, to classify such a production. The author himself denominates it "a fragment." Its fragmentary character cannot be questioned, if the word be used to signify "an imperfect part;" but were we to assign it a place, we should say it belongs rather to another class of productions, and is more deserving of the title "The Races of Men—a *rhapsody*;" not in the ancient and favorable sense of the word as applicable to Homeric periods; but in its more modern acceptation, "a confused jumble of sentences or statements, without dependance or natural connection, a rambling composition." But even in this point of view the work might have possessed a claim to respectability, were it not grossly disfigured with general and special references to persons and things, couched in language often—it is true—forcible, but not unfrequently of the most offensive character. What apology, for example, can be offered for the following scurrilous allusion to one of the most gifted writers of this country.

"Buffon concluded that animal life was not so vigorous on the American soil as in the old world, comparing one animal with another; this simple fact, for it is one, roused the wrath of an Anglo-Saxon, now settled in that country, but calling himself an American; I mean Mr. Cooper, the novelist. True to his Saxon race, he has determined to make out, in the face of all common sense and truth—despising the one by his trade or calling, and being seemingly without the other—that the American soil nourished as big animals as ever were grown in old France or England, or the whole world; that the buffalo was as large as our oxen, and the turkey larger than the barn-door fowl; what a pity he had not also added, that geese and asses of all kinds abound, and are at least, as large as pedantic, and as stupidly solemn as

any the Britishers could ever boast of. This is the Mr. Cooper who compared, through ten drawlishly-spun pages, the Rhine with the immortal Hudson—the everlasting Hudson—that large river which runs near the ancient city of New York, so rich in the association of great names and stirring events. What solemn pedantry, what deplorable want taste and sense, to forget the passage of the Rhine by Cæsar and Napoleon! These are the names which give immortality to the Rhine, not the amount of water it contains, nor its length nor breadth; it is not the size of the Nile which makes it live in the recollection of nations. Do you not see in this miserable comparison of Mr. Cooper the egotism of the Saxon peep out in all its true colors? Our rivers are bigger than yours—prettier, deeper; our horses are faster than yours—fatter and better; our oxen are larger than yours—sleeker and finer. You will excuse, I trust, these critical remarks; folly and egotism require severe censure, whether individual or national—in fact, these terms are identical, nations merely being aggregates of individuals."—p. 167.

The *modesty* of the author is characteristically exhibited throughout the work. "Materials," he says, "for a systematic history of the races of men are wholly wanting; the great problem of human nature has scarcely been touched on in any previous history of race." And again:—"Physiologists will dispute with me the great law I have endeavored to substitute for the effete common place of the schools; the geologists will think me hasty in declaring the era of Cuvier at an end; the theologian—but here I stop; a reply shall not be wanting. As to hack compilers, their course is simple: they will first deny the doctrine to be true; when this becomes clearly untenable, they will deny that it is new, and they will finish by engrossing the whole in their next compilations, omitting carefully the name of the author."

There are two or three points in this last quotation that demand comment. The most ardent stickler for originality, will not deny the claims of the author to it, both on the score of bold assertion, and novelty of expression; but whilst we admit this, there are few, we think, who can or will accord with him. The world are apt to ascribe great merit to the propounder of original views, no matter how extravagant and ephemeral they may be; whilst the sober, steady pursuer of science, who day by day unostentatiously developes the laws of phenomena, may receive but a feeble tribute of praise; yet the one may be—as in the present case—a visionary enthusiast—an *original*—whilst the other has all the endowments of the real philosopher. The Author need not, we

feel satisfied, be alarmed at his views being wholly "engrossed" in any compilation; and if his name be carefully omitted by writers on the subject, it will only be because his speculations have themselves not been deemed worthy of notice.

But let us see how he deals with others, and how, he himself disposes of facts that do not square with his ideas.

"I have always, he remarks, doubted the fact of cannibalism having ever existed. A patient inquiry into the history of the American race satisfied me that the cannibalism of the New world was the pure invention of the Catholic missionaries: the cannibalism of the East may, I think, be traced to a similar source. I never met with any one who had been present at such a banquet. In Africa no such practice exists. The whole affair, I think, a romance, but it has served its purpose with those who think that the end vindicates the means."—p. 316.

Yet it is no romance. A scientific friend attached to the United States exploring expedition, assured us, that he has seen the Feejeeman gnawing a human bone; and the authentic records of that expedition are fatal to all of Dr. Knox's conclusions on the subject.

The fragmentary character of his speculations on the races of men may in part be appreciated by the following extract.

"The races of men as they now exist on the globe constitute a fact which cannot be overlooked. They differ from each other widely—most widely:—but that such differences exist, and important ones too, has not been denied; the word, *race*, is of daily use, applied even to man; since the war of race commenced in continental Europe and in Ireland, no expression is of more frequent occurrence than the term race. It is not, then a new phrase I use, but I use it in a new sense; for whilst the statesman, the historian, the theologian, the universalist, and the mere scholar, either attached no special meaning to the term, for reasons best known to themselves; or refused to follow out the principle to its consequences; or ascribed the moral difference in the races of men to fanciful causes, such as education, religion, climate, &c.,—and their physical distinctions sometimes to the same hap-hazard influences—sometimes to climate alone—sometimes to climate aided by a mysterious law—such as that imagined by Prichard, that the fair individuals of any family separating themselves from the darker branches would with each successive generation become fairer, and the darker become darker, forgetting that this theory was refuted by the very first fact from which he starts, and which actually forms the basis of his whole theory—namely, that individuals having a specific tendency towards different races are constantly being born in every family;—or, lastly, ascribing to mere chance and hap-hazard, as in the story of the short-legged American sheep, the production of the permanent varieties of man:—I, in opposition to these views, am prepared to assert that race

is everything in human history; that the races of men are not the result of accident: that they are not convertible into each other by any contrivance whatever. The eternal laws of nature must prevail over protocols and dynasties: fraud,—that is, the law; and brute force —that is, the bayonet, may effect much; have effected much; but they cannot alter nature."—p. 13.

And again:

"What is race, and what is species? These terms are easier understood than defined. That the idea of distinct species and of race is fast passing away from the human mind, may or may not be true; the old doctrine has been deeply shaken; still species and race exist for us; for man at least; in space, though not in time. In time there is probably no such thing as species: no absolutely new creations ever took place; but, as viewed by the limited mind of man, the question takes another aspect. As regards his individual existence, time is a short span; a few centuries or a few thousand years, more or less: this is all he can grasp. Now, for that period at least, organic forms seem not to have changed. So far back as history goes, the species of animals as we call them have not changed; the races of men have been absolutely the same. They were distinct then for that period as at present. Are they commutable into each other? Are these causes in constant operation, slowly yet surely altering and changing everything? Or does this happen by sudden cataclasms or geological epochs? Of one thing we are certain, entire races of animals have disappeared from the surface of the globe; other seemingly new creations occupy their place. But is it really a new creation? This question we shall also discuss.

Look more narrowly into the races of men, and you will find them to be subject to diseases peculiar to each; that the very essence of their language is distinct; their civilization also, if they have any. Trace the matter further, and you will find that transcendental anatomy can alone explain these mysterious circumstances: how all embryos should resemble each other; how they should resemble the primitive forms of life when the world was yet young; how deviations in form or varieties, not intended to be permanent, should repeat primitive forms, as proved by fossil remains; or present human or bestial forms; or take unknown shapes, referring, no doubt, to the future: lastly, and that is the most difficult question, how specializations should ever appear at all, and be, for a time at least, permanent. Two questions remain, beyond, I fear, human enquiry:—1st. The origin of life on the globe; 2d. The secondary laws, for they must be so, and can be nothing else, which create out of primitive forms, the past, the present, and the future organic worlds, clothing them with beauteous scenery. Endless, but defined variety of forms, adorn the earth, the air, the waters; the scheme of creation, in fact, so far as man's feeble reason can judge; not the object of creation; not the object of man's creation, which, though wonderful, is not more so than that of any other form; not then the object of man's creation as an intellectual being; this has

een revealed to us by divine minds. But I must view this last ques-ion also as an anatomist and physiologist, confining my remarks to nan merely as a material being: the most perfect, no doubt, that ex-sts. In woman's form I see the perfection of Nature's works; the bsolutely perfect; the beautiful, the highest manifestation of abstract ife, clothed in a physical form, adapted to the corresponding minds of ıer race and species."—p. 34.

In regard to the origin of man, we have the following vague apostrophe:—

"The origin of man is a myth, which each race interprets in its own way, formules after the fashion of its own intellectual bearing; re-touches as it makes progress, in arts, literature, and science; that is, in civilization.

I mean not here to discuss these myths. The Jewish myth seems to have been a purely material one; philosophic, and sublimely simple, it offers no details. The Coptic and Hindoo was spiritual and lofty, but debased by shocking obscenities; the minds of the races were not equal to the perception of the perfect and the beautiful. The Scandinavian myth was coarse and brutal; material in its essence: the hideous representations of the Deity in India, China, Mongolia, and Polynesia, indicate the sad character of the minds of these races.

The precise geological period when man appeared on the earth, has not been determined; nor what race appeared first; nor under what form. But it is evident that man has survived several geological eras. On these points all is at present conjecture; but as man merely forms a portion of the material world, he must of necessity be subject to all the physiological and physical laws affecting life on the globe. His pretensions to place himself above nature's laws, assume a variety of shapes: sometimes he affects mystery; at other times he is grandly mechanical. Now, all is to be done through the workshop, in a little while, the ultimatum (what is the ultimatum aimed at?) is to be gained through religion: and thus man frets his hour upon the stage of life, fancying himself something whilst he is absolutely nothing. For him worlds were made millions of years ago, and yet according to his own account he appeared, as it were, but yesterday. Let us leave human chronology to the chronicler of events; it turned the brain of Newton."—p. 323.

His speculations in regard to the various races of man, are singularly fantastic; but we have no space, even had we the inclination to follow him. It may be sufficient to cite his—what he admits to be—"brief and hasty and imperfect sketch of the dark races."

"No one seems much to care for them. Their ultimate expulsion from all lands which the fair races can colonize seems almost certain. Within the tropic, climate comes to the rescue of those whom Nature made, and whom the white man strives to destroy; each race of white

men after their own fashion: the Celt, by the sword; the Saxon, by conventions, treaties, parchment, law. The result is ever the same—the robbing the colored races of their lands and liberty. Thirty years ago a military *rhazia*, composed of English soldiers, Dutch boors, and native Hottentots, devastatated the beautiful territory of the Amakoso Kaffirs. We reached the banks of the Kei, and the country of the noble Hinsa, where wandered the 'wilde' of Nature's creation. All must disappear shortly before the rude civilization of the Saxon boor—antelope and hippopotamus, giraffe and Kaffir."—p. 210.

And he elsewhere adds;

"If there be a dark race destined to contend with the fair races of men for a portion of the earth, given to man as an inheritance, it is the Negro. The tropical regions of the earth seem peculiarly to belong to him; his energy is considerable: aided by a tropical sun, he repels the white invader. From St. Domingo he drove out the Celt; from Jamaica he will expel the Saxon; and the expulsion of the Lusitanian from Brazil, by the Negro, is merely an affair of time."—p. 306.

Should the "fragment" ever be followed by another chip of the same block, we trust that the author will endeavor to be guided by more system in his mode of expounding his views. He appears, indeed, to have been impressed with the imperfect order in which the "lectures" before us have been arranged. "The greatest difficulty," he says, "I have experienced in the drawing up of these lectures, whether as lectures delivered to public audiences, or written as they now are for publication, has been to decide on the arrangement best calculated to submit my views briefly, yet intelligibly, to the public. After various trials I have decided on the following: it may not be the best; it is not systematic; it is not methodical; but it seems to me adapted to a very numerous class of readers, who, though highly educated, are yet not scientific. To place the great physiological principles regulating human and other living beings before them in an intelligible form, has been of course my main difficulty;" (p. 25) And again, "In presenting the first complete edition of my Lectures on the Races of Men to public criticism, I have weighed most anxiously the form of publication, and the order or method to be followed in arranging the lectures. It has, indeed, been my great difficulty."

Of the causes, nature and treatment of Palsy and Apoplexy: of the forms, seats, complications and morbid relations of paralytic and apoplectic diseases. By James Copland, M. D. F. R. S., &c., &c. Philadelphia, Lea & Blanchard, 1850.

Dr. Copland, the author of the above work, is so favorably known to the medical profession of this country, as an industrious and able writer, that it is scarcely necessary to say a word in commendation of any work he may deem appropriate for publication. Few men have written more, and none better than he has, on various medical subjects. The publication of his Medical Dictionary, was of itself, a herculean undertaking, requiring an immense amount of industry and information, and he has performed his task with so much ability, and with so little dogmatical prejudice, that every one will freely accord to him the highest distinction, not only as a medical writer, but as a physician of vast experience and sound judgment.

"A considerable part of the above work was published many years ago in the first and third volumes of the Author's Dictionary of Practical Medicine, and several of the chapters on the connection of Paralytic and Apoplectic seizures, with other disorders, formed the Croonian Lectures for 1846 and 1847, at the Royal College of Physicians." The close connection between apoplexy and paralysis, as cause and effect, constituted a good reason for the publication of these several articles, in a connected form. The two diseases should be studied together, or the young practitioner will hardly be able to appreciate their true pathology and treatment. In the language of Dr. Copland, it is necessary to describe "not merely the primary and uncomplicated forms of disease, but also the several associated or complicated states, in which each malady most frequently comes under the observation of the physician, and he was not the less convinced of the propriety of recognising alliances and connections between diseases, too often described as distinct species, extreme features of difference being chiefly or only insisted upon and intimate relations generally disregarded."

In the arrangement of the work, Dr. Copland considers first, the simple and primary varieties of palsy; next the uncomplicated forms of apoplexy; third, the complicated states of apoplexy

and paralysis; fourth, the causes and pathology of these diseases; lastly, the treatment of the different varieties &c. Each one of these points is discussed with such practical precision, that no one can peruse the work without acquiring the most accurate information in regard to the symptoms, causes, pathology and treatment of these two diseases.

Without entering into a detailed analysis of the several sections of which the above work is composed, we commend it to the medical public as one of the most valuable works on Apoplexy and Paralysis with which we are acquainted.

Household Surgery, or Hints on Emergencies. By JOHN F. SOUTH, one of the Surgeons to St. Thomas's Hospital. *First American, from Second London edition.* Philadelphia: Henry Carey Baird, successor to E. L. Carey, 1850.

This is a reprint of an exceedingly popular English work, which has rapidly exhausted a large edition in its native land. Although very doubtful of the good influence of works on popular medicine and surgery, from the fact that "a little learning is a dangerous thing," we nevertheless believe that the teachings of this book, if followed with the restrictions laid upon the reader by the author, will be found of great assistance to those for whom it was more especially intended, viz., missionaries, captains of vessels, and settlers in colonies where no physician can be had. It is written in a sprightly, and at the same time, intelligible style, and is embellished with many excellent wood cuts, which tell their own story more plainly than words.

Renal Affections: their Diagnosis and Pathology. By CHARLES FRICK, M. D. Philadelphia, Lea & Blanchard, 1850.

Dr. Frick here presents to the investigator of pathologic urine a little manual, admirably adapted to smooth away many difficulties which beset the student of this department. The work is progressive in its arrangement, leading the reader by degrees from a superficial examination to a more exact and rigid analysis of this

ecretion, which, in its various conditions, is now engaging so argely, the attention of pathologists and organic chemists. The vork contains a large amount of original observations, and is illustrated with numerous wood cuts, which in the majority of instances ıave been copied by the author from the field of the microscope. We commend it heartily to the student of urinology.

Elementary Chemistry, Theoretical and Practical. By Geo. Fownes, F. R. S., &c. *Edited with Additions, by* Robert Bridges, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, &c. *Third American, from a late London edition, with numerous wood engravings.* Philadelphia, Lea & Blanchard, 1850.

A new edition of the above work, needs no commendation at our hands. It has already taken an elevated stand amongst the text books on this subject. Owing to the death of the author in Jan. 1849, almost the last hours of whose life were expended upon it, the English press was corrected by Dr. H. Bence Jones, while the American edition has been fully brought up to the day by the labors of the Editor, Dr. Bridges, who has added whatever of novelty has since appeared.

THE MEDICAL EXAMINER.

PHILADELPHIA, DECEMBER, 1850.

WESTERN JOURNAL OF MEDICINE AND SURGERY.

We have received and read the reply of Dr. T. S. Bell, to "Friendly Hints to a Reviewer." As both sides have now been heard, and have pretty well exhausted the subject, and as we do not conceive that any good can flow from its further discussion, we have preferred to put an end to the matter so far as our pages are concerned.

LECTURES ON DISEASES OF THE EYE.

By reference to our advertising page, it will be seen that a course of lectures on the Anatomy, Physiology, and Diseases of the Eye will be given by Drs. Parrish and Neill, two of the surgeons of the Wills' Hospital for diseases of the eyes and limbs.

The institution in which it is proposed to deliver the above named lectures, is easy of access, contains about forty beds, and has a large dispensary attached to it, in which every variety of disease may be studied. The instruction will be of a thoroughly practical character, members of the class, which is limited to twenty-five, seeing for themselves the various operations and modes of treatment as well as their results, a mode of instruction which cannot be conveyed either by pictures or models, or in the amphitheatre.

We cannot too strongly recommend this matter to those of our readers who may be desirous of studying this too much neglected department. The gentlemen who have undertaken it are eminently qualified for the duty, and from the limited size of the class can have no other motive than that of advancing the interests of their pupils.

SYDENHAM SOCIETY OF LONDON.

We are informed that this valuable Society is about to place soon, in the hands of its members, another volume of the excellent work of Rokitansky on Pathological Anatomy.

MEDICAL DEPARTMENT OF THE NAVY.

A board of surgeons for the examination of assistant surgeons for promotion, and of candidates for admission, will assemble at the Naval Asylum in Philadelphia, on the 16th inst. The following surgeons constitute the board. President, Dr. Dillard. Drs. Horner, Mosely, McLanaghan, and Hunter, members.

RECORD OF MEDICAL SCIENCE.

PATHOLOGY AND PRACTICE OF MEDICINE.

On the Treatment of Croup by Calomel and Alum. By M. Miguel.—In a letter addressed to the Medical Society of Inde-et-Loire, M. Miguel of Torres, has given some important details of the result of the method of treatment which he employs in diptheritis.

He relates that, about twelve years ago, a little girl, seven years old, having been simultaneously seized with angina and croup, he proposed to perform the operation of tracheotomy, which was objected to by the parents. Being thus deprived of the last resource of art, he alternately administered to the child, every hour, two grains of calomel and three grains of alum. This treatment was continued a week, and produced no purgation nor salivation. Since this case, M. Miguel has treated twenty-six cases of croup, only three or four of which were doubtful; and only five cases have been fatal. He attributes the efficacy of his method to the mercury; but as it is liable to produce salivation and other disastrous consequences, these must be prevented; and M. Miguel thinks he has attained this object by combining alum with calomel. He thinks that when the calomel and alum are alternated, the latter serves to circumscribe the mercurial action, which should also be well watched, so that the administration of calomel may be suspended on the least appearance of mercurial toxication.

Remarks.—The treatment of M. Miguel is founded on the property which is attributed to mercury, of diminishing the plasticity of the blood, and opposing the formation of false membranes. The important point is, that this treatment has proved successful in a certain number of cases. It should be known also that such treatment will not supercede the necessity of emetics and of energetic cauterization, when the disease has commenced in the pharynx. In such cases mercury alone is useless; it may be prescribed, but the local treatment is that which must be chiefly depended on, to arrest the progress of the disease. Of this we saw a remarkable instance some time ago in the practice of M. Trousseau.

In this case, the diphtheritis had commenced on the tonsils, and had extended towards the larynx. On the first day of its appearance, an emetic of sulphate of copper was administered, and the back of the throat was well cauterized with fuming hydrochloric acid. This cauterization was repeated once on the next day, twice on the day following, and once on the subsequent day. At the same time the patient took, in small quantities every quarter or half hour, a mixture of ten grammes of alum with the same quantity of honey. This is preferable to alum in powder, because the medicine comes into permanent contact with the throat and arytænoepiglottic cartilages.

In prescribing alum, M. Trousseau used it as an auxilliary to cauteri-

zation, not as a corrective to mercury, which he did not give during the whole progress of the case. From the third day there was a steady improvement; and on the sixth, the cough had lost its croupy character. The voice continued rather weak, which showed the existence of false membranes on some points. Cauterization was continued once a day, for two days, together with the alum and honey: and the child recovered. This method of treatment is considered, by M. Trousseau, to be the most certain which can be employed in cases of croup.—*Dub. Med. Press., from Journal de Méd.*

On the use of Bofareira ("Ricinus Communis" of Botanists) as a means adopted by the natives of the Cape De Verd Islands to excite Lactation. *By* J. O. M'WILLIAM, M. D., F. R. S., R. N., Surgeon to the Honourable the Board of Customs.

While engaged in an official investigation into the nature and history of a yellow fever epidemy, prevailing in the Island of Boa Vista, in the Cape de Verds, during the year 1846, my attention was called to a remedy commonly had recourse to there, and in the other islands of the group, to accelerate and increase the flow of milk from the breasts of child-bearing women, in cases where that secretion was tardy in appearing, or deficient in quantity when it did appear.

I also learnt that on occasions of emergency, this remedy could be successfully applied to a still more important use, namely, to produce milk in the breasts of women who are not childbearing, or who even have not given birth to, or suckled, a child for many years.

The leaves of a plant, called in the language of the country, Bofareira, but which, in reality, is the "Ricinus communis" of botanists, and, occasionally, the leaves of the "Jathropha curcas," both belonging to the natural family *euphorbiaciæ*, are the means by which these interesting if not extraordinary results are produced.

The Bofareira grows in most, if not all, the Cape de Verd Islands. That used by the natives for the purposes I have mentioned is called by them *white* bofareira, to distinguish it from what appears to be nothing more than a variety of the same species, the *red* bofareira. The *white* or that which possesses galactagogue qualities, is recognized by the natives by the light green colour of the stem of the leaf, whilst the leaf stem of the *red* is of a purplish red hue The latter plant is carefully avoided, as it it is said to be a powerful irritant, and, if applied, as it occasionally has been, by mistake for the *white*, it produces an immediate and often immoderate flow of the menses.

In cases of childbirth, when the appearance of the milk is delayed (a circumstance of not unfrequent occurrence in those islands,) a decoction is made by boiling well a handful of the *white* Bofareira in six or eight pints of spring water. The breasts are bathed with this decoction for fifteen or twenty minutes. Part of the boiled leaves are then thinly spread over the breasts, and allowed to remain until all moisture has been removed from them by evaporation, and probably in some mea-

sure by absorption. This operation of fomenting with the decoction and applying the leaves, is repeated at short intervals until the milk flows upon suction by the child which it usually does in the course of a few hours.

On occasions where milk is required to be produced in the breasts of women who have not given birth to, or suckled, a child for years, the mode of treatment adopted is as follows:—

Two or three handfuls of the leaves of the Ricinus are taken and treated as before. The decoction is poured, while yet boiling, into a large vessel, over which the woman sits so as to receive the vapour over her thighs and generative organs, cloths being tucked around her so as to prevent the escape of the steam. In this position, she remains ten or twelve minutes, or until the decoction cooling a little, she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed, and gently rubbed with the hands; and the leaves are afterwards applied to them in the manner already described. These several operations are repeated three times during the first day. On the second day, the woman has her breasts bathed, the leaves applied, and the rubbing repeated three or four times. On the third day, the sitting over the steam, the rubbing, and the application of the leaves to, with the fomentation of, the breasts are again had recourse to. A child is now put to the nipple, and, in the majority of instances, it finds an abundant supply of milk.

In the event of milk not being secreted on the third day, the same treatment is continued for another day, and if then there still be a want of success, the case is abandoned, as the person is supposed not to be susceptable to the influence of the Bofareira.

Women with well-developed breasts are most easily affected by the Bofareira. When the breasts are small and shrivelled, the plant then is said to act more on the uterine system, bringing on the menses, if their period be distant, or causing their immoderate flow if their advent be near.

Exposure to cold is carefully avoided by persons who are being brought under the influence of the Bofareira. These scrupulously abstain from wetting with cold water either the hands or the feet.

Maria, a dark mulatto women, with wooly hair, thirty years of age, tall, stout, and well-formed; menstruating regularly; the mother of three children, the youngest of whom was three years old and had been weaned when under the age of one year, was brought before me by Dr. Almeida, of Boa Vista, on the morning of the 30th of June, 1846, for the purpose of being submitted to the action of the Bofareira. She stated, that when her child was weaned, every trace of milk disappear-from her breasts in the course of a few days. I could not detect any signs of pregnancy. The breasts were like those of negro women in general who have borne children, pendulous and flabby. No sign of milk was given out from them upon careful examination of the nipple.

The baths, fomentations, the application of the leaves, friction, suction, &c., were adopted in the manner and order I have already described. On the second day there was a slight oozing of a serous-looking

milk from the nipples, with slight increase of size in the areolar portion of the breast. On the third day, the milk increased in quantity, and less watery. On the morning of the fourth day there was an evident enlargement of the lower part of the mamma, and milk flowed abundantly upon the application of a child to the nipple.

The use of the Bofareira in cases of childbirth, to accelerate the flow of milk, is common, but comparatively rare as the means of procuring a wet-nurse. Some instances of the latter kind occurred, in consequence of the death of mothers with children at the breast during the progress of the Boa Vista epidemy of 1845-46, which decimated a population consisting almost wholly of blacks, with a few Europeans—Portugese and English—and a small proportion of mixed negro and European blood.

Generally, however, this use of the Bofareira is seldom called for. Death in childbirth, or prolonged illness after parturition, sometimes requires a kind relative or charitable neighbor, who, for the safety of the offspring, places herself under the influence of the bofareira.

The son of a wealthy landed proprietor of San Nicolao, (well known to my friend, Mr. George Miller, of that Island,) a remarkably hale and robust-looking man, was wet-nursed by a woman who gave him milk produced by the Bofareira. The nurse in this instance had borne two children in early life. Her husband died shortly after the birth of her second child; she lived in a state of virtuous widowhood, and it was *many* years after the death of her husband that she so generously submitted herself to the Bofareira, and nursed the infant in question.

Consul-General Rendall, of the Cape de Verds, informs me that a lady, a native of Boa Vista, now residing at San Antonio, and the wife of one of the foreign consuls, had a daughter in 1843. "Having very little milk," says Mr. Consul Rendall, "she caused an old female servant to be prepared with the bofareira, and to act as wet-nurse, which she did in the most satisfactory manner, having plenty of good milk, although she had not had a child for ten years previously. The child is now (March, 1847) a healthy one, and well grown. In short," continues Mr. Randall, "women who use the Bofareira are in two or three days in order sufficient to nurse the child of a queen."

I have not been able to ascertain, from personal observation, or from any very accurate information, what effect the Bofareira has upon virgins, or upon those who, although they have not borne children, are nevertheless not virgins. As regards the latter class, however, an intelligent native midwife assured my most able and observant friend, Mr. George Miller, of San Nicolao, that the effect of the administration of the Bofareira is much the same upon them as upon child-bearing women.

In some cases, but rarely, the decoction of the Bofareira is taken internally, with the view of assisting the action of its external application.

I regret not having been informed of the alleged difference in the action of the white and red Bofareiras, while I was at the Cape de Verds, that I might have examined the latter plant upon the spot.

The seeds of each plant were, however, kindly forwarded to me by Mr. George Miller, and Sir William Hooker most readily and obligingly examined them. Sir William, in a note to me, says, "What you mark as red Bofareira, and as white Bofareira, are both, not only of the genus 'Ricinus,' but also of one and the same species—viz., Ricinus communis, the common palma Christi, or castor oil plant. In our gardens, as well as abroad, the plants vary, and your two plants vary a little in the form and size of the seed, and especially in the color, but they are one and the same species."

It is thus evident that the white and red Bofareiras, if they differ at all, can only be varieties of the same species. It is known, however, that certain varieties of other plants, as thyme, mint, &c., do yield different properties, and such may be the case with the Bofareiras.

I have thus stated all the facts that have come to my knowledge regarding this galactagogue of the Cape de Verds, which I consider to be well worthy of a fair trial in this country. Should its action in our more temperate regions be similar to that which it exerts within the tropics, an interesting field of inquiry will be opened, as regards its hygienic, medicinal, medico-legal, and other relations.

These, however, are points, the consideration of which had better be reserved until it has been determined, by experiment, how far the Bofareira can be successfully introduced into the practice of this country.

[*Note*—Dr. Tyler Smith, to whom I showed my paper before my visit to Edinburgh, has written to inform me that he has in several cases tried the Bofareira in the manner described by me; and he assures me that the effects of the plant grown in this country fully bear out the facts I have detailed respecting the use of this plant in the Cape de Verd Islands.]—*London Lancet.*

Auscultatory Sign of Enlarged Liver.—Br. Walshe has described in the *Lancet*, a stethoscopic indication of enlarged liver, under the name of "*hepatic compression rhonchus.*"

"It coexists with inspiration only, or indeed, seems to be rather superadded to it, not commencing until the inspiration-murmur appears almost at an end. Its evolution is peculiarly slow, drawling, and (if I may be allowed the expression) lazy, being, in this respect the exact reverse of that of the crepitant rhonchus of pneumonia. It consists of a variable (but commonly a great) number of excessively fine, dry crepitations, rather superficial than deep-seated; is rendered audible by forced inspiration only, and may be heard in front, at the side, and in the back of the right half of the chest (least commonly in front, however,) at or near to, the upper edge of the liver. Its existence is completely independent of any lung-affection; and I have never found it on the left side, in those cases of liver-enlargement. The characters of this rhonchal sound are so peculiar, that a mere tyro would be able to distinguish it from all varieties of rhonchus,—it differs essentially, as I have just proved, from crepitant, subcrepitant, and dry crackling, pulmonary rhonchi, and from pleural rhonchus. Of its mechanism I am not prepared, at present, to offer any demonstration; but it appears to

me to be most feasibly explicable as follows;—The lower portions of the lung, pressed upon by the enlarged liver, undergo a sort of creasing, or condensation, which, in ordinary breathing, interferes with their expansion. By forced inspiration, the portion of lung implicated will readily be understood to be *uncreased*, and so conceivably a series of sounds, such as I have described, is produced. Another fact strongly corroborates this hypothesis—namely, that it often ceases to be audible, for a time, after from one to five or six forced inspirations: the lung seems to require rest and time to be again creased up. Should further experience confirm this view of its mode of production, we shall have collateral support given to the doctrine I have long taught (and which, so far as I know, has not been refuted,) that the crepitant rhonchus of pneumonia is formed, not in the air-cells or capillary bronchi, but in the pulmonary parenchyma itself. I am not able, as yet, to make any positive assertion concerning the frequency with which the rhonchus under consideration attends enlargement of the liver; but, on the other hand, I am in a position to affirm, that in no single case of notable increase of bulk of that organ which has fallen under my observation, since my first discovery of the rhonchus, have I failed to substantiate its existence. The sound may, it is true, escape detection on one or more occasions, but has never been absent for a series of days. On the other hand, I have not met with it in other conditions of disease; though doubtless, if my theory concerning its formation be well founded, it will probably be ascertained to accompany a variety of conditions, causing slight compression of the lung."—*London Journal of Medicine.*

OBSTETRICS.

The Bronchocele of New-born Infants.—Dr. Betz, of Tübingen, has published an interesting essay upon this subject. He attributes the silence of authors respecting it rather to their having overlooked the affection than to its rarity. Such children are usually stout and full-blooded, and the enlarged thyroid may be mistaken for a mere fold of fatty integument. In some, the neck seems merely too broad, while in others it undergoes no change; these differences depending upon the part of the gland engaged.

Immediately, or very soon after birth, a marked difficulty of respiration comes on, which may prove fatal in a few hours, or in two or three days only. The inspirations are deep, being accompanied by a peculiar croaking tone, that may be heard outside the door. The expiration is also very laboured and sometimes accompanied by a cry. At times the breathing seems quite arrested, so that the child is in the most extreme danger from suffocation, until, with a cry, inspiration again occurs. The dyspnœa is sometimes irregularly paroxysmal. The alæ nasi are usually expanded, and the lips and hands of a blue color. Sucking is impossible, and attempts produce the most extreme dyspnœa, which is also excited if the child be fed, the greatest difficulty prevailing in getting it to swallow the least quantity. The mouth is full of saliva and mucus, which collect in small bladders between the lips.

According to the amount of disease, the remissions are longer or shorter, and the child sometimes at last goes off quite unexpectedly.

The affection consists in a simple hypertrophy of the thyroid; no change in its normal structure, save perhaps some increase in its vascularity, being observable. The whole gland may be affected, giving a crescent shape, and, where an isthmus connects the two lobes, the neck assumes a great breadth. In other cases only one lobe, or even only the apex of that, may be affected, and the nature of the disease be undetected. The passage to the larynx and trachea is more or less impeded, while the posterior developments of the tumour impedes swallowing, and endangers suffocation in the attempt. The accumulation of mucus is an additional cause of obstruction. It is not merely the size of the swelling of the lobes, but its position, that determines the amount of danger.

The affection would seem sometimes to be hereditary, or, at all events, it affects several members of the same family. Various friends of Dr. Betz have observed this bronchocele of infants, but he is not disposed to consider it as especially endemic at Tübingen. He thinks that the suffocative dyspnœa, and death resulting from this disease, may elucidate the nature of some of the cases of laryngeal asthma, spasm of the glottis, thymic asthma, or laryngismus, concerning which so much confusion and doubt at present prevails. An enlargement of the thymus may certainly co-exist with one of the thyroid, but this last affords a much more rational explanation of the symptoms. Thymic enlargement may induce dyspnœa, but not the laryngeal disturbance. Atelectasis, too, the author believes, is often due to the impediment caused by this enlarged thyroid.

In a disease so rapid in its progress, little time remains for treatment; but, where this is obtainable, leeches should be applied, and an emetic given. Where the hypertrophy is less considerable, and the disease more prolonged, the internal and external use of iodine would be deserving of a trial.—*London Med. Times, from Henle and Pfeufer's Zeitschrift.*

ANATOMY AND PHYSIOLOGY.

The Arrangement of the Blood-Vessels in the Mucous Membrane of the Stomach.—The course of the vessels, as far as the point where they pierce the walls of the stomach to pass to their final distribution, is well-known. Their minute distribution has never been perfectly described. It has lately been carefully examined by Frey, in men, dogs, cats, sheep, and guinea-pigs.

1. The veins pass usually obliquely through the muscular coat, and reach the submucous tissue; they bend here into a longitudinal direction, and run at a little distance below the blind extremities of the tubes. They are of large and regular diameter, and frequently anastomose with each other. Frey calls them "basal veins." From these basal veins arise, at right angles, numerous branches, which run in a straight or gently-waved direction to the free surface of the mucous membrane.

When they have passed half way through the membrane, they sometimes divide into two branches, which continue in the same course as the parent vessel would have taken. At the free surface of the mucous membrane, these vertical veins give off many branches, which form a net-work. When this occurs there is a most important and sudden diminution in the size of the veins. The basal veins have a diameter from 1-10 to 1-20 of an inch; the vertical branches vary from 1-18 to 1-48; the veins of capillary net-work vary from 1-70 to 1-300.

2. The arteries, like the veins, penetrate the muscular coat obliquely and pass with the veins till these latter bend to form the "basal veins." They are much smaller than the veins,—not more than one-third or one-fourth of their diameter. They form no vessels corresponding to the basal veins, but divide at once into branches, which freely anastomose; from this net-work branches arise, which pass towards the surface; when they reach the tubes, they pass longitudinally between these, communicating by short crossbranches, coming off at sharp angles; these sometimes form a ring round the tubes, but if a ring is formed at this point, it is irregular and exceptional. When the arteries reach the mouths of the tubes, they divide to form a second net-work, and these branches form rings round each tube, or, more seldom, a ring round two adjoining tubes. From these circles the capillaries pass into the veins.

In this arrangement, (the description of which we have condensed as much as possible,) Frey sees two points very worthy of attention: one is, the sudden enlargement of the veins, so soon below their capillary net-work, which seems especially calculated to promote absorption; the other point is the arterial arrangement, which Frey compares to that of the glomeruli of the kidney, as unfolded by the beautiful researches of Bowman.—*London Med. Times, from Henle's Zeitschrift.*

On the Structure of the Muscular Substance of the Heart.—The following important observation is by Remak. The facts observed by him are best seen in the thin muscular layers which can be procured, especially in sheep, from the commencement of the great veins of the neck or the pulmonary veins. Two sets of muscular fibres can be distinguished; some which run parallel, and others which are between these and interlace, connecting the adjoining parallel fibres to each other. The net-work formed by the connecting or intermediate fibres differs in complexity in the different parts of the heart, auricles, ventricles, &c. Sometimes, instead of these intermediate connecting fibres, the sides of two parallel-running fibres approach, and fuse into each other (*eine partielle Verschmelzung der Rander zweier Hauptfasern.*) The intermediate fibres are often much smaller than the parallel, and of variable strength; occasionally, as in the ventricles, they are as large as the parallel fibres; it is then very difficult to make out the arrangement; yet in no place, either in the auricle or ventricle, is this arrangement wanting. This observation of Remak's has been confirmed in Wurzburg by Virchow.—*Ibid from Ibid.*

The Terminations of the Olfactory Nerve.—Dr. Hom describes the olfactory nerves as being easily seen by taking a piece of a frog's nasal mucous membrane, placing it between glass, and examining it with a power of from +216 to +300. The extremities of the nerve-fibres, sometimes dilated and forming club-shaped processes, can be seen at their extremities, winding round and sometimes returning to the parent branch. Besides these, other nerves, with broad diameters, are seen passing in various directions, and present the characters of fine cerebral fibres.—*Ibid, from Mulier's Archiv.*

SURGERY.

On a new Method of opening Abscesses, without leaving visible Cicatrices. By M. Leriche, Physician to the Lyons Dispensary.—The inconveniences daily met with in opening abscesses by incision, or by the application of caustics, have induced me to seek a less objectionable method of effecting this object. My principal aim has been to avoid the permanent marks left by the means hitherto employed, a point of much importance when the abscess occupies the neck or bosom of the female. I shall be much gratified if I can prove to the profession, what I am myself convinced of, that if my results have not been crowned with complete success, my patients have at least been often spared the dread which always attends the use of cutting instruments.

Although the method which I propose is apparently sufficiently simple, I have not arrived at it without repeated trials, both of the use of different materials and of the mode of operating. I shall, however, give in a few words the result of my researches.

My first idea was to employ wires of iron, silver, or lead; the results were tolerably satisfactory, but their use was liable to three objections:

1st. The difficulty of procuring them everywhere.

2nd. The necessity of having a special instrument for their introduction, and the rather acute pain which the operation occasioned.

3rd, and lastly, the contact of a hard substance, irritating the inflamed and already painful tissues.

I also tried threads of hemp, linen, and cotton; all were liable to a serious objection, which induced me to discard them altogether; they became swollen by the moisture in which they were constantly immersed, and thus opposed the exit of the pus. I remarked also that their employment gave rise to a rather acute inflammation around the openings. Might not this be attributed to the facility with which these substances become altered in their nature? It also occurred when the threads were previously waxed.

Silk thread is the material on which I have decided, from its having the following advantages over the others. 1st. It is to be had everywhere. 2ndly. It is not liable to become altered during the time it is required to remain in the abscess. 3rdly. It does not absorb the moisture. 4thly, and lastly, it does not irritate the painful parts with which

it is in contact. The silk thread which I use is known in the shops under the name of twist (cordonnet).

After having shaved off any hair on the tumor, the surgeon takes a curved ligature needle, passes through its eye one end of the silk twist, then introduces the needle into the tumour, about six or eight lines from the most depending part, where it must be brought out, draws the thread into the passage formed by the needle, and retains it in this position by uniting the two ends in a knot; the entire tumour is now covered with an emollient poultice, which, in this case, acts mechanically. The patient should remain as little as possible in bed, in order to favour the escape of the pus along the thread, an effect which takes place with difficulty in the recumbent position, when the abscess is situated on a part of the trunk or limbs. The poultices have also, in this case, the advantage of diminishing the inflammation which is excited, and which the practitioner must watch. The twist is to be left undisturbed for four, six, or eight days, according to circumstances; most frequently four days have sufficed. Subsequently, when thought advisable, the twist is removed, and the part is dressed with dry compresses, or, when necessary, with compresses soaked in aromatic wine. In not one of thirty-three buboes which had arrived at the stage of suppuration, and which had been treated in the manner just described, have I been obliged to abandon this plan for any other. In cases of simple buboes, that is, those in which the pus did not seem to possess specific characters, the cure has been effected in from fifteen to twenty days; in the opposite cases, when the orifices of the little openings ulcerated, it has occupied from forty to fifty days; and in neither case did the patient retain any trace of syphilitic infection.

When the tumour has been tardy in reaching the suppurative stage, the pus is sometimes contained in cellular pouches, in which case it may happen that at the time when one thread seems to have effected the cure of an abscess, another forms; under these circumstances a second thread must be introduced.

In other cases, the thread has brought on severe inflammation and caused intense pain. When this occurs it must be removed, and lightly astringent unctuous applications, such as Goulard's cerate, substituted for the poultices; to these should be added the employment of general measures, baths, regimen, &c. &c.

But the selection of the means most suitable to combat the symptoms which may have arisen must, in such cases, be left to the judgement of the practitioner.—*Dub. Quar. Journal, from Révue Medico-Chirurgicale de Paris.*

THE

MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

EDITED BY

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Preparations of Iodine,
" of Potassa,
Liquor Ammonia,
Aqua, do.
Phosphate, do. a new remedy for Rheumatism.
Blue Mass,
Extract of Gentian,
" Quassia,
" Taraxicum,
" Valerian, fluid, a new and useful remedy.
Preparations of Mercury,
" Iron,
" Zinc.
Extract of Senna, fluid, a pleasant form to administer to children.
Extract of Buchu Comp., fluid,
" Spigelia, " "
" Sarsaparilla Comp., fluid,
" do. do. solid,
" do. simple do.
" Colocynth Comp.
" do. simple.

Sps. Æther Nitros, U. S. P., Oils of Copaiva, Cubebs, Ergot, Tobacco, &c. Citrate of Iron and Quinine, Sesqui-Oxide of Iron, an antidote for arsenic, Citrate of Magnesia, a new and pleasant cathartic medicine, put up in 12 oz. bottles, $2 per doz. Collodion, or Liquid Adhesive Plaster; a convenient application in many surgical operations, put up in small vials. Also

CANTHARIDAL COLLODION OR BLISTERING LIQUID,

A convenient preparation of cantharides in many cases where there is a difficulty of applying the ordinary blistering plaster. A coating of it applied with a camel's hair brush and covered with oil silk or some similar substance, will produce a blister in three hours' time; or when exposed, in the usual time of about twelve hours.

They have also recently prepared a superior article of

CALCINED MAGNESIA

Of the character of Henry's; free from roughness or grittiness to the touch or palate, deprived of carbonic acid, and almost entirely tasteless. Equal in the same bulk to three or four times the strength of the common article, put up in bottles in a superior manner, and sold at about half the price of Henry's. They have also prepared the

FLUID MAGNESIA

Which is a new and valuable remedy in acidity of the stomach, heartburn, nausea, &c., at less than half the price of the foreign article.

Physicians and others may depend upon the faithful and prompt execution of their orders at as low rates as the best quality of medicines can be purchased.

CHARLES ELLIS & CO.
56 Chestnut street, Philada.
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Oct., 1850.

PURE MEDICINAL EXTRACTS.

We would call the attention of Physicians, Apothecaries and Druggists to our lot of *Pure* Extracts, and accompaning testimonials.

TILDEN & Co., 98 John St., New York.

INSPISSATED, ALCOHOLIC & HYDRO-ALCOHOLIC EXTRACTS.

Aconite.	Dandelion.	Mandrake.
Butternut.	Digitalis.	Malefern.
Belladona.	Dulcamara.	Mullein.
Bitter Root.	Dock, yellow.	Oak white.
Boneset.	Garget or Poke.	black.
Burdock.	Gentian.	red.
Blood Root,	Hyoscyamus.	Poppy.
Blue Flag.	Hops.	Princess Pine.
Boxwood.	Hellebore, black.	Rue.
Conium.	white.	Savin.
Chamomile.	Horehound.	Sarsaparilla, American.
Cohosh, black.	Indian Hemp.	Rio Negro.
" blue,	Lettuce, Garden.	Compound.
Clover,	Wild.	Thornapple.
Cowparsnip.	Lobelia.	Wormwood.

And other varieties frequently used, as soon as they can be reached.

Extract from a letter of Prof. Clark, of the College of Physicians and Surgeons of New York, to the Editor of the New York Journal of Medical Science.

"I have lately visited the manufactory of these extracts. After inspecting the whole process, and examining a large number of preparations, I become so fully persuaded that these gentlemen have fallen upon the best plan of concentrating and preserving the active principles, especially of the narcotic vegetables, that I have voluntarily offered to them any assistance that I can render in introducing their Medicines to the notice of the profession; being persuaded that these extracts must possess the efficiency and the uniformity of strength so necessary to the successful use of this class of remedies, and, I may add, so long sought for in vain.

"Should your conviction of the value of these preparations correspond with my own, after you have examined them and tried them in practice, perhaps you may think it due alike to the profession and to the gentlemen who are improving the instruments by which we work, to call the attention of your readers to the improvements which I cannot doubt this process secures.

"*Resolved.* That this Society having seen and examined, and several of them having used the various Vegetable Extracts, made by Messrs. Tilden & Co., of New-Lebanon, N. Y., and being satisfied of the valuable character of these preparations, hereby recommend them to the members of the profession generally.

'*Albany, February* 6th, 1850." "P. VAN BUREN, *Sec'ry.*

Massachusetts Medical Society, for the Berkshire District, June 2, 1850.

Resolved, That this Society having seen from various sources entitled to respect and confidence commendatory notices of the excellence and purity of the various medicinal extracts prepared by the Messrs. Tildens, of New Lebanon, N. Y., and having tested and used them ourselves do most cordially recommend them to the Medical Profession.

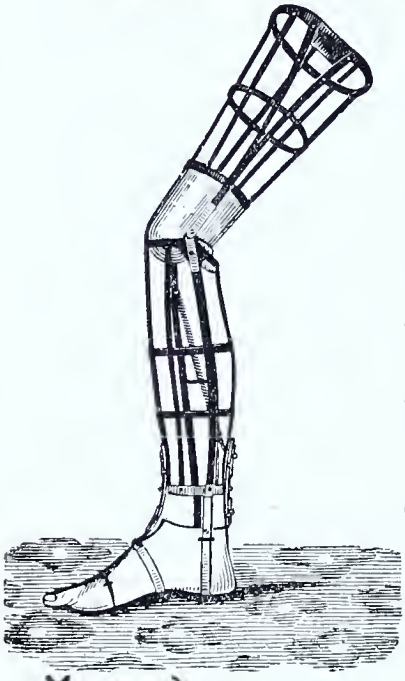
H. H. CHILD, Pres. Protem, an President of the Berkshire Med. Coll.

CHAS. D. KNIGHT, Wholesale Agent, 38 North-Sixth-Street, Phila.

Sept. 1850.—4 mo.

YERGER & ORD,

Patentees and Manufacturers of the Metallic Skeleton Artificial Leg, Ankle Supporter, and Improved Surgical Machinery, for the Treatment of Deformities.



The Metallic Skeleton Leg has been examined by some of the most Eminent Surgeons and Scientific men in the United States, who are unanimous in pronouncing it unequalled; *all* of the objections heretofore existing to Artificial Legs being entirely overcome—it is *lighter*, *neater*, more *durable*, and the movements are more natural than any artificial limb ever before produced in this country or Europe. It is constructed of steel ribs, arranged so that one piece braces the other, rendering it capable of sustaining three times the average human weight, and allowing the free access of air to the stump, always keeping it cool and healthy, the weight varies from 2¼ to 3½, and in no case will exceed 4 pounds. They can be adapted to every form of amputation, and worn with a comfort heretofore unknown in the history of Artificial Limbs.

The Patent Graduating Spring Ankle Supporter is the only Instrument known that will give support to a fractured or weak Ankle, and allow a flexible movement of from a sixty-fourth part of an inch to the full sweep of the ankle joint; the broad lacing represented, throws the weight of the body on the calf of the leg, leaving the joint entirely free from pressure; the front and back springs, connected with stops, work upon the ankle ring, by which means the wearer can regulate it to suit his comfort. It would be almost impossible to describe the various injuries resulting in the loss of the ankle-joint and disabling the foot, where this Instrument can be applied with the most astonishing success.

IMPROVED APPARATUS, for the treatment of Club-foot, Bow-legs, Knock-knees, Contracted Limbs, Fractured or Weak Ankles, Spinal Distortions, &c., &c. all of which are upon entire new principles, and superior to any introduced into this Country, and will be warranted in every case to accomplish fully the object for which they are intended.

Y. & O. respectfully solicit the patronage of the Medical Profession of the United States; feeling assured that the improvements they have made in Surgical Machinery cannot but meet their entire approbation. Particulars will be communicated on application, personally, or by letter, (post-paid,) directed to the office,

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